

TEAM DONATIONS FORM: **AMT KIDNEYNATION CAMPAIGN**

Thank you for supporting the American Kidney Fund. Your fundraising efforts help us provide direct financial support to patients in need, ensuring their access to lifesaving health care. Together we are fighting kidney disease and helping people live healthier lives.

Contributions raised by your team at events or off-line should be accompanied by this form.

Contributor Information *(Please type or print clearly)*

AMT State Society Name: _____

Team Captain/Contact Name: _____

Team Captain/Contact Address: _____

City: _____ State: _____ Zip: _____

Phone: (____)____-____ Contact Email Address: _____

Donation Information

COLLECTION DATES	CHECK DONATIONS		CASH DONATIONS	TOTAL DONATIONS
	# OF CHECKS	\$ TOTAL IN CHECKS		
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
TOTALS COLLECTED		\$	\$	\$

Are cash donations accepted?

We prefer that you do not send cash in the mail! If possible, please convert any cash received into a cashier's check, money order or company check made out to **American Kidney Fund**.

Please make all checks payable to **American Kidney Fund** and mail with this form to:

American Kidney Fund
Attn: AMT KIDNEYNATION
11921 Rockville Pike, Suite 300
Rockville, MD 20852

Per IRS regulations, tax receipts will be sent only to the person who writes the check or charges the credit card.

The American Kidney Fund is a 501(c)(3) charitable non-profit corporation with federal ID #23-7124261. Contributions are tax-deductible as described by law.