

## Donation Form

The International Federation of Kidney Foundations will help facilitate the establishment of more kidney foundations in areas where there are none and to help existing foundations become more dynamic and effective.

### Donation amount

\$ \_\_\_\_\_ IN WORDS \_\_\_\_\_

### Payment details

CASH  CHEQUE  CREDIT CARD (CIRCLE)  BANKCARD  MASTERCARD  VISA  AMEX  DINERS

CARD NO. \_\_\_\_\_

EXPIRES \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Personal details

TITLE (CIRCLE) MR MRS MS DR PROF OTHER  GENDER (CIRCLE) MALE FEMALE

INITIALS \_\_\_\_\_ FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

SUBURB / TOWN / CITY \_\_\_\_\_

STATE / REGION / PROVINCE \_\_\_\_\_

ZIP / POSTCODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE (INCL. COUNTRY CODE) \_\_\_\_\_

MOBILE / CELL (INCL. COUNTRY CODE) \_\_\_\_\_

EMAIL \_\_\_\_\_

### Professional details

ORGANISATION \_\_\_\_\_

POSITION \_\_\_\_\_

TELEPHONE (INCL. COUNTRY CODE) \_\_\_\_\_

FACSIMILE (INCL. COUNTRY CODE) \_\_\_\_\_

EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

### Office use only

SIGNED AS RECEIVED BY IFKF REPRESENTATIVE \_\_\_\_\_

RECEIVED BY (PRINT FULL NAME OF IFKF REPRESENTATIVE) \_\_\_\_\_



**International Federation  
of Kidney Foundations**  
c/- Kidney Health Australia  
GPO Box 9993  
Adelaide SA 5001 Australia

Telephone +61 8 8334 7509  
Facsimile +61 8 8334 7540  
anne.wilson@kidney.org.au  
warwick.prime@kidney.org.au  
www.ifkf.net