



IPNA

International Pediatric Nephrology Association
GREAT CARE FOR LITTLE KIDNEYS. EVERYWHERE

IPNA DONATION FORM BY CHECK OR BANK TRANSFER

Your contribution will allow us to continue to make a significant difference in the lives of children with kidney disease where care is needed most. Please complete this form, print and mail it to: **IPNA, Division of Pediatric Nephrology, Children's Mercy Kansas City, Missouri 64108 USA.**

Today's Date _____

State/Province/County _____

Gift Amount:

Zip/Postal Code _____

\$30 \$60 \$100 \$1,000 Other \$ _____

Country _____

For donations in the **amount of \$1,000 or more**, please indicate how you would like to support IPNA or allow us to direct funds to where it is needed most.

Email _____

Please include your telephone number, in the event we have a question about your donation.

- General Fund
- Fellowships
- Teaching Courses
- Junior Classes
- Registry
- Disaster Relief Response
- Where it is needed most
- Other _____

MY DONATION IS BY:

Check. Please make your check payable to IPNA, Inc.

Bank transfer. Please use the information below to make a donation by bank transfer.

Billing Information:

Account number: 0000-9924-3104

Routing number: 121000358

First Name _____

Address:

Last Name _____

Children's Mercy Kansas City

2401 Gillham Road

Company (if applicable): _____

Kansas City, MO 64108 USA

Street 1 _____

For more information, contact

Henry Brehm 610.246.1112, info@littlekidneys.org

Street 2 _____

Town/City _____

IPNA is a US-organized 501(c)3, nonprofit charitable organization providing support for global programs. Your donation is tax-deductible to the full extent allowed by law. Your generosity and support are greatly appreciated.