



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, 2401 Gillham Road, Missouri 64108 USA.**

Today's Date _____

Gift Amount:

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

For Member Sponsorship, please also complete the Member Sponsorship Form.

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.

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

Billing Information:

First Name _____

Last Name _____

Company (if applicable): _____

Street 1 _____

Street 2 _____

Town/City _____

State/Province/County _____

Zip/Postal Code _____

Country _____

Email _____

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

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.

Account number: 0000-9924-3104

Routing number: 121000358

Address:

Children's Mercy Kansas City

2401 Gillham Road

Kansas City, MO 64108 USA

For more information, contact

Henry Brehm 610.246.1112, info@littlekidneys.org

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.



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MEMBER SPONSORSHIP FORM

By sponsoring a member for \$125, you provide a pediatric nephrologist from a developing country IPNA membership benefits as well as a subscription to *Pediatric Nephrology* for one year. Please complete this form along with the Donation Form, print and mail them to: **IPNA, Division of Pediatric Nephrology, Children's Mercy Kansas City, 2401 Gillham Road, Missouri 64108 USA.**

Today's Date _____

Zip/Postal Code _____

Number of Members to Sponsor: _____ x \$125

Country _____

Total Sponsorship Amount \$ _____

Email _____

Sponsorship Details:

IPNA may select the individual(s) to sponsor on my behalf.

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

I wish to sponsor the following individual:

Please complete an additional form, if you are sponsoring more than one member and need to provide their information.

Dr. Pr. Mr. Mrs. Ms.

Please make your check payable to IPNA, Inc.

First Name _____

Address:

Last Name _____

Children's Mercy Kansas City
2401 Gillham Road
Kansas City, MO 64108 USA

Facility: _____

Street 1 _____

For more information, contact

Street 2 _____

Henry Brehm 610.246.1112, info@littlekidneys.org

Town/City _____

Thank you for your gift of IPNA membership!

State/Province/County _____

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