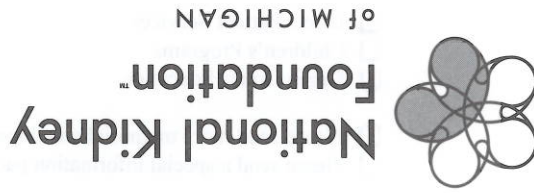




The mission of the National Kidney Foundation of Michigan is to prevent kidney disease and improve the quality of life for those living with it.

*Making Lives Better*



National Kidney Foundation of Michigan, Inc.  
1169 Oak Valley Drive  
Ann Arbor, MI 48108

Many people gain deep satisfaction by remembering or honoring a loved one, friend or associate with a gift to the National Kidney Foundation of Michigan. With a contribution made in the name of that individual, you can help meet the needs of persons afflicted with life-threatening diseases of the kidney and urinary tract. Your remembrance can represent the Gift of Life.

An acknowledgement will be sent to the family of the person remembered at the time of loss or to the individual being honored. Your name and the purpose of your gift will be noted but the amount will not be disclosed. You, the donor, will receive an acknowledgement of your tax-deductible contribution.

I would like my gift to help support the following program: (Please check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Direct Patient Services | <input type="checkbox"/> Research                |
| <input type="checkbox"/> Children's Programs     | <input type="checkbox"/> Prevention Programs     |
| <input type="checkbox"/> Organ Donor Education   | <input type="checkbox"/> All Foundation Programs |
- Please send more memorial envelopes  
 Please send a special information packet on Planned Giving.

### Please Print Clearly

Enclosed is my donation of \$ \_\_\_\_\_ This gift is for (occasion) \_\_\_\_\_

Name of person(s) being remembered: \_\_\_\_\_

Donor Information: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Send acknowledgement to: (family of person being remembered or person being honored)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_