



Designate Your Donation

Your First Name _____

Your Last Name _____

Amount Donated _____

Please make my donation in honor of:
(Birthday, Anniversary, Special Occasion, etc.)

Please make my donation in memory of:
(In memory of a friend or loved one who is deceased.)

Please notify the following individual(s) of my gift:

Recipient's Name _____

Recipient's Address _____

Recipient's City _____

Recipient's State _____

Recipient's Zip Code _____

ARPKD/CHF Alliance, P.O. Box 70, Kirkwood, PA 17536, Toll Free: 1-800-708-8892,
Fax: 1-800-807-9110, Email: info@arpkdCHF.org, Web: www.arpkdCHF.org

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