



**D**ialysis  
**S**cholarship  
**F**und

*"From Dialysis to a Degree"*

Please mail this form and your payment to:

**The Dialysis Scholarship Fund**  
**PO Box 372278**  
**Denver CO 80237**

## DONATION BY MAIL

*Please print all information clearly.*

Today's date: \_\_\_\_\_

I would like to make a donation in the amount of \$ \_\_\_\_\_  
payable to **The Dialysis Scholarship Fund**

- Make my gift in honor of: \_\_\_\_\_
- Make my gift to Student: \_\_\_\_\_

### PAYMENT INSTRUCTIONS

- Check payable to **The Dialysis Scholarship Fund**
- Credit card (Please complete the table below. We will shred this form as soon as we process your payment).

Visa	Mastercard
Discover	American Express
Credit Card Number:	_____
Expiration Date:	Security Code: _____
Your Signature	

### BILLING

Name:	_____
Billing Address:	_____
Billing City / State Zip Code:	_____
Phone number(s):	_____
Email address:	_____

**Thank you for your support!**

**Your contribution is tax-deductible. We will mail you a receipt to the address you include on this form.**