

2016 Walk Donation Submission Form

Use this form if you are a registered walker to send collected donations. If you are not registered, please register online at www.pkdcure.org, or include a mail-in registration form with this submission.

This person wi	Walker's Information Il receive credit for the dor				n for each wa	alker in your	
household included in this envelope. Use multip			•				
Name:			Email:				
Address:							
City:			State:	Zip:) :		
Name of Walk you are registered for:			Team Name (i				
each check to	ions owing information for each ensure you receive credit thanks, please include the	for the d	onation. If the name or				
Date Written Name on Check		Donor to be Thanked/Credited Check (If different from Name on Check) Number			Amount		
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	ons cash. Please convert cash nem know it is a charitable						
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Cashier's Check/Money Order Info		Type of Certified Funds:				Amount	
		Make ch	neck payable to: PKD F	oundation			

Please mail form PKD Foundation & donations to: Attn: Walk for PKD

8330 Ward Parkway, Suite 510 Kansas City, MO 64114-2000

The PKD Foundation will send receipts/thank you notes to offline donors who donate \$50.00 or more, provided we have your donors email or mailing address. We encourage you to provide a personal thank you to all of your donors. Cash receipts can be found in the walk tool box. Visit www.walkforpkd.org