



Use this form if you are submitting donations to apply to a Walk, walker (fundraiser) or team.

Name of person submitting this form:

Walker's Information

This person will receive credit for the donation submitted.

Name:

Email:

Address: (Street, City, State, Zip)

Name of Walk:

Team Name (if applicable):

Check Donations

Fill out the following information for each check included in this submission. **Write the walker's name in the memo line of each check** to ensure they receive credit for the donation. If the name on the check is different than the donor's name, please include that in the space provided.

Date Written	Name on Check	Donor to be Thanked/Credited (If different from Name on Check)	Check Number	Amount

Cash Donations

Do NOT mail cash. Please convert cash to a cashier's check or money order. Many banks will convert the cash for free if you let them know it is a charitable event. Please fill out the following information for each cash submission. Please make cashier's checks out to PKD Foundation.

Name of Cash Donor	Address, City, State, Zip	Amount

Please mail form & donations to

PKD Foundation
Attn: Walk for PKD
P.O. Box 871847
Kansas City, MO 64187

Questions? Email walkforpkd@pkdcure.org or call 1.800.PKD.CURE for more information.