



# IPNA

**International Pediatric Nephrology Association**  
GREAT CARE FOR LITTLE KIDNEYS. EVERYWHERE

## IPNA DONATION FORM BY CHECK OR BANK TRANSFER

The International Pediatric Nephrology Association (IPNA) leads the global efforts to successfully address the care for all children with Kidney disease through advocacy, education, and training. Your contribution will allow us to continue to make a significant difference in the lives of children with kidney disease where care is needed most.

Please complete this form, print and mail it to: **IPNA, Division of Pediatric Nephrology, Children’s Mercy Kansas City, 2401 Gillham Road, Missouri 64108 USA.**

**Today’s Date** \_\_\_\_\_

Town/City \_\_\_\_\_

**Gift Amount:**

State/Province/County \_\_\_\_\_

\$30    \$60    \$125    \$1,000    Other \$ \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

*For Member Sponsorship, please also complete the Member Sponsorship Form.*

Country \_\_\_\_\_

Email \_\_\_\_\_

For donations in the **amount of \$1,000 or more**, please indicate how you would like to support IPNA or allow us to direct funds to where it is needed most.

Check here if you wish to be an anonymous donor.

- General Fund
- Fellowships
- Teaching Courses
- Sponsorship of Eight Members
- Junior Classes
- Registry
- Disaster Relief Response
- Where it is needed most
- Other \_\_\_\_\_

Please include your telephone number, in the event we have a question about your donation.  
\_\_\_\_\_

**MY DONATION IS BY:**

**Check.** Please make your check payable to IPNA, Inc.

**Bank transfer.** Please use the information below to make a donation by bank transfer.

Account number: 355003967808

Routing number: 026009593

**Billing Information:**

First Name \_\_\_\_\_

**Address:**

Last Name \_\_\_\_\_

Children’s Mercy Kansas City  
2401 Gillham Road  
Kansas City, MO 64108 USA

Company (if applicable): \_\_\_\_\_

Street 1 \_\_\_\_\_

**For more information, contact**

Street 2 \_\_\_\_\_

Henry Brehm 610.246.1112, [info@littlekidneys.org](mailto:info@littlekidneys.org)

IPNA is a US-organized 501(c)3, nonprofit charitable organization providing support for global programs. Your donation is tax-deductible to the full extent allowed by law. Your generosity and support are greatly appreciated.



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## MEMBER SPONSORSHIP FORM

By sponsoring a member for \$125, you provide a pediatric nephrologist from a developing country IPNA membership benefits as well as a subscription to *Pediatric Nephrology* for one year. Please complete this form along with the Donation Form, print and mail them to: **IPNA, Division of Pediatric Nephrology, Children's Mercy Kansas City, 2401 Gillham Road, Missouri 64108 USA.**

**Today's Date** \_\_\_\_\_

State/Province/County \_\_\_\_\_

**Number of Members to Sponsor:** \_\_\_\_\_ x \$125

Zip/Postal Code \_\_\_\_\_

**Total Sponsorship Amount \$** \_\_\_\_\_

Country \_\_\_\_\_

### Sponsorship Details:

Email \_\_\_\_\_

IPNA may select the individual(s) to sponsor on my behalf.

Please include your telephone number, in the event we have a question about your sponsorship.

I wish to remain anonymous to the sponsored member.

\_\_\_\_\_

I wish to sponsor the following individual:

Please complete an additional form, if you are sponsoring more than one member and need to provide their information.

Dr.       Pr.       Mr.       Mrs.       Ms.

Please make your check payable to IPNA, Inc.

First Name \_\_\_\_\_

### Address:

Last Name \_\_\_\_\_

Children's Mercy Kansas City  
2401 Gillham Road  
Kansas City, MO 64108 USA

Facility: \_\_\_\_\_

Street 1 \_\_\_\_\_

### For more information, contact

Street 2 \_\_\_\_\_

Henry Brehm 610.246.1112, [info@littlekidneys.org](mailto:info@littlekidneys.org)

Town/City \_\_\_\_\_

Thank you for your gift of IPNA membership!

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