



www.kidneytexas.org

2021 Membership Form

Rose Gault
President

Susan Fisk
Membership

Name _____ Spouse's Name _____

Social Listing _____
(please circle) Mr. and Mrs. - Dr. and Mrs. - Mrs.- Mr.- Dr. - Ms. - Miss or as shown above

Address _____

City _____ State _____ Zip _____

Home _____ Cell _____

Email _____

_____ **New Member** _____ **Renewing Member**

_____ Lifetime Benefactor	\$1,000	_____ Active	\$60
_____ Sustaining	\$500	_____ Men of Kidney	\$60
_____ Contributing	\$250	_____ Young Adult (21 to 35)	\$40
_____ Patron	\$100		

_____ **I am a Lifetime Member and would like to make Donation of \$ _____**

_____ **I would like to make a donation of \$ _____ in honor of _____**

_____ **Newsletter by U.S. mail \$10** _____ **Newsletter by email at no charge**

_____ **I would like serve on the Luncheon Committee.**

Credit Card # (AmEx/ MC/ Visa) _____ Exp. Date _____

Name on Card _____ Security Code _____

My check in the amount of \$ _____ is enclosed

Questions, please email
KidneyTexas, Inc. ~ kidneytexas@sbcglobal.net

To be listed in the directory, please return your Membership Form by February 28, 2021.

Please send payment to:
KidneyTexas, Inc. ~ 6138 Berkshire Lane, No. 10, Dallas, Texas 75225
OR
You may pay online at www.kidneytexas.org