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

# 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 and return it to: **IPNA, Division of Pediatric Nephrology, Children's Mercy Kansas City, 2401 Gillham Road, Missouri 64108 USA. Thank you!**

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**Number of Members to Sponsor:** _____ **x $125**

**Total Sponsorship Amount $**_____

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

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

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*Complete an additional form, if you are sponsoring more than one member and need to provide further information.*

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☐ Check here if you wish to be an anonymous donor.

**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: 0000-9924-3104

Routing number: 121000358

**For more information, contact**

Henry Brehm 610.246.1112, info@littlekidneys.org

**Thank you for your gift of IPNA membership!**

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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