



FLORIDA RENAL COALITION

2014 – 2015 CONTRIBUTION/PLEDGE REGISTRATION FORM

FACILITY/CORPORATION NAME: _____

ADMINISTRATOR NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

>>>>RECOMMENDED CONTRIBUTION IS \$500.00 PER FACILITY<<<<

AMOUNT CONTRIBUTED WITH REGISTRATION FORM

AMOUNT PLEDGED FOR FUTURE CONTRIBUTION

PLEDGE PAYMENT SCHEDULE (CHECK ONE)

- IN ONE CHECK UNDER SEPARATE COVER
 OVER NEXT TWO MONTHS
 OVER NEXT THREE MONTHS

MAKE CHECKS PAYABLE TO: **FLORIDA RENAL COALITION**

EIN # 26- 0891972. Send checks to Candace Magiera, FRC Treasurer, c/o DSI Sarasota 1921 Waldemere Street, Ste. 107 Sarasota, FL 34239 941-917-6444

Internal Revenue Service Regulations (IRC Sections 162e and 6033e) require that you be notified that contributions made to a tax-exempt organization for the express purpose of supporting lobbying and/or political activities are not tax-deductible by the contributing organization. You are hereby notified in accordance with those regulations that 100% of the contribution being solicited hereby are planned for activities related to influencing legislation through communications with members and/or employees of State legislative bodies or State governmental agencies, which are considered to be lobbying activities under current regulations. In the event that clarifying regulations are issued which impact on the deductibility of this contribution, all contributors will be notified.