

# Tour DaVita 2021 Donation Form

OCTOBER 1 - 3, 2021

## I am donating to:

Participant or Team Name

Participant/Team Number

You can also make your donation online via our secure website at [tourdavita.org](https://tourdavita.org)

## Personal Information

First Name  Mr.  Mrs.  Ms.  Dr. M.I. Last Name

Company Name (Corporate Donations)

Mailing Address

Suite/Apt.#

City

State

ZIP

Phone Number

Email

Which of the following describes you?

Please note: This question **must** be answered in order for your donation to be allocated to a participant.

- I am donating to my own cause
- I am a **current** DaVita Teammate
- I am a **family member** of a **current** DaVita Teammate
- I am a **friend** of a **current** DaVita Teammate
- I am a **current** DaVita Patient
- I am a **family member** of a **current** DaVita Patient
- I am a **friend** of a **current** DaVita Patient
- I am a **former** DaVita Patient
- I am a **family member** of a **former** DaVita Patient
- I am a **friend** of a **former** DaVita Patient
- I am a **Health care** Vendor contracted with DaVita
- I am a **Non-Health care** Vendor contracted with DaVita
- I am a Physician **credentialed** by DaVita
- I am a Non-Physician **health care** professional **credentialed** by DaVita
- I am a Physician **not credentialed** by DaVita
- I am a Non-Physician **health care** professional **not credentialed** by DaVita
- I am affiliated with a local business
- I have **no affiliation** with DaVita

## Donations

Bridge of Life is a nonprofit organization founded by DaVita Inc. and a 501(c)(3) public charity (Federal EIN for Bridge of Life is **46-2960097**).

- \$500  \$250  \$100  \$50  \$25  Other
- My company has a matching gift program.



MAIL FORM TO:

Tour DaVita  
Lockbox #2952  
PO Box 782952  
Philadelphia, PA 19178-2952

2021 BENEFICIARY:



Working together for a healthier world

Your contribution to Tour DaVita 2021 will help Bridge of Life to strengthen health care globally through sustainable programs that prevent and treat chronic disease.

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## Payment options *Please do not send cash*

Check payable to: **Bridge of Life**

Credit card

Visa  Master Card  Discover

Account Number

CCV/CID

Exp MM

Exp YY

Billing Address (If different from above)

Suite/Apt.#

City

State

ZIP

Phone Number

Signature \_\_\_\_\_

Date \_\_\_\_\_



[tourdavita.org](http://tourdavita.org)



[bridgeoflifeinternational.org](http://bridgeoflifeinternational.org)