

WALK the WALK

FOR KIDNEY DISEASE & ORGAN DONOR AWARENESS

JOIN US FOR A FUN-FILLED, BEAUTIFUL DAY!

CENTRAL PARK
NEW YORK, NY

Day / Date: Sunday, October 26, 2008
Check-In Time: 9:00am
Start Time: 10:30am
Start / Finish: Bethesda Fountain at 72nd St.
Fee: \$25.00

The walk is 3.1 miles long, so please be sure to wear comfortable shoes.

Walk Activities Include:
Music, Food, and Beverages

Even if you can't walk the whole route,
COME JOIN THE FUN OR MAKE A DONATION!

For more information on the walk call:
1-800-633-6628

Sign up online at:
www.kidneyurology.org

THE REWARDS OF WALKING IN TEAMS

All WALK the WALK teams will receive an official WALK the WALK photo.

WALK TEAM AWARDS

- Every Team that raises over \$1,000 will receive a *WALK the WALK Shining Star Award*
- Every Team that raises over \$2,000 will receive a *WALK the WALK Super Star Award*

INDIVIDUAL GRAND PRIZE

The top fundraiser will receive a 4 day / 3 night Las Vegas Trip for two. This trip includes* round-trip Economy airfare from a New York area gateway. (*You must raise a minimum of \$7,500 to qualify.*) Everyone else that raises \$7,500 or more, will receive a pair of Economy tickets* to Las Vegas from a New York area gateway.

*Airline tickets are non-refundable, non-transferable, and non-endorsable.

FUNDRAISING AWARD LEVELS THE MORE MONEY YOU RAISE, THE MORE YOU WIN.

You can win one of the following prizes as an individual walker or part of a Team. (*If you are a Team member, this must be the money you raised yourself.*) **Be sure to check with your company for matching gifts, that money may help you attain a higher prize level.**

LEVEL 1	\$50.00	Official WALK T-shirt
LEVEL 2	\$150.00	\$15.00 Macy's Gift Certificate
LEVEL 3	\$250.00	\$25.00 Macy's Gift Certificate
LEVEL 4	\$500.00	\$50.00 Macy's Gift Certificate
LEVEL 5	\$1,000.00	\$100.00 Macy's Gift Certificate
LEVEL 6	\$2,500.00	\$250.00 Macy's Gift Certificate
LEVEL 7	\$5,000.00	\$500.00 Macy's Gift Certificate

*To qualify for prizes, we must receive all donations by December 1, 2008. Prizes are awarded on the basis of money raised, even if you are unable to participate. Prizes are not cumulative (excluding T-shirts), or combined. Please allow 6 to 8 weeks following the prize deadline for delivery of your certificates.



WHAT IS THE KIDNEY & UROLOGY FOUNDATION OF AMERICA?

From kidney stones and urinary infections to prostate cancer and chronic renal failure, diseases of the kidney and urinary tract effect over 70 million Americans each year.

The *Kidney & Urology Foundation of America* conducts numerous public education campaigns each year to raise awareness of the critical need for organ and tissue donors. The Foundation remains dedicated to ensuring that every American in need of a lifesaving organ or tissue transplant receives one.

Our ultimate goal is to take kidney and urinary disease from treatment to cure, and to see that no one ever has to wait for a life saving transplant.

Walk the Walk would not be possible were it not for the generosity of our sponsors. We would like to thank all of our sponsors for their ongoing support and involvement.

ORGAN DONOR CARD

(Please print or type name)

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires.

I give: (a) any needed organ or parts (b) the following organs or parts:

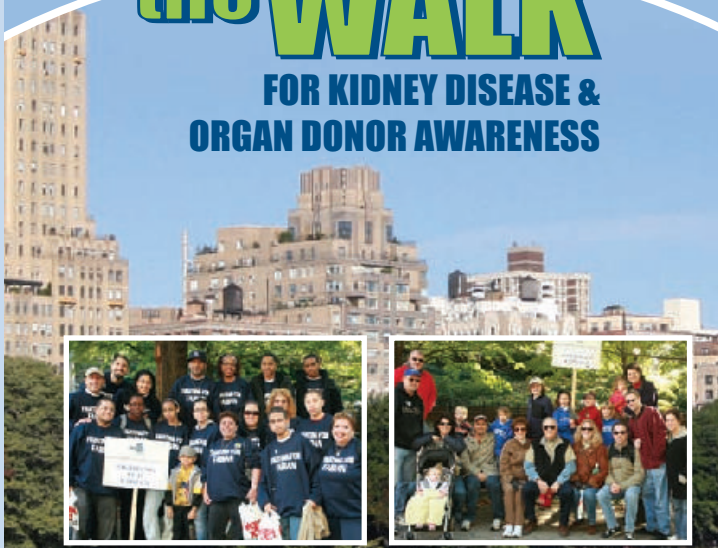
Specify the organ(s) or part (s) for the purpose of transplantation, therapy, medical research or education.

(c) my body for anatomical study if needed

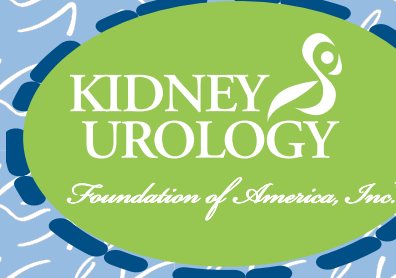
Limitations or special wishes, if any:

2008 WALK the WALK

FOR KIDNEY DISEASE & ORGAN DONOR AWARENESS



Central Park • New York



Sunday, October 26, 2008

Make checks payable to: Kidney & Urology Foundation of America
 Mail to: 152 Madison Avenue, Suite 201, New York, NY 10016
 For speed registration, Fax to: 212.629.5652
 Call: 1.800.633.6628 or visit our website at
 www.kidneyurology.org

LAST NAME
 FIRST NAME
 HOME ADDRESS APT #
 CITY STATE ZIP
 DAY PHONE EVENING PHONE
 FAX #
 E-MAIL ADDRESS
 AGE MY FUND RAISING GOAL IS: \$
 COMPANY NAME
 My company has a matching gifts program
 I'd like to start a Team, please contact me
 I am unable to participate, but enclosed is my donation: \$
 TEAM NAME
 TEAM CAPTAIN(S)
 TYPE OF TEAM Corporate Family/Friends School

Please send me:
 Volunteer information More brochures # _____
 More posters # _____
 Press releases to include in my company newsletter
 I participated in WALK the WALK in: 05 06 07
 Charge my first \$25 raised for registration to:
 Visa MasterCard Amex Check enclosed
 Credit card number
 Exp. Date
WAIVER IMPORTANT! PLEASE SIGN!
 With my signature, I acknowledge that walking can be an inherently strenuous activity and that no event is without risk. I have consulted with my physician regarding my physical capability to participate in this event and am following my physician's advice. I hereby waive all claims against the Kidney & Urology Foundation of America, all event sponsors, recipients, and volunteers, and any personnel functioning with respect to the event for any injury, accidents, or physical conditions I might suffer in this event. I grant full permission for organizers to use my name, likeness, or voice and photographs, videotapes, or quotations from me in accounts and promotions in any medium of this event, and of any activities and marketing associated with it and the Kidney & Urology Foundation of America. This permission is perpetual and worldwide.
 Walker's Signature Date
 Parent's Signature (if Walker is Under 18) Date
 DO NOT SEND ME A GIFT CERTIFICATE, PLEASE USE MY TOTAL DONATION TO HELP FIND A CURE FOR KIDNEY DISEASE

Make checks payable to: Kidney & Urology Foundation of America.
 All money must be received by December 1, 2008, in order for you to receive your prizes.
 You must bring at least a photocopy of your sponsor sheet with you to the walk in order to qualify for prizes.

LAST NAME	E-MAIL ADDRESS
FIRST NAME	FOR TEAM MEMBERS ONLY: TEAM NAME (IF APPLICABLE)
HOME ADDRESS	TEAM CAPTAIN(S)
APT # CITY STATE ZIP	TYPE OF TEAM: <input type="checkbox"/> CORPORATE <input type="checkbox"/> FAMILY/FRIENDS <input type="checkbox"/> SCHOOL
PHONE ()	<input type="checkbox"/> DO NOT SEND ME A GIFT CERTIFICATE, PLEASE USE MY TOTAL DONATION TO HELP FIND A CURE FOR KIDNEY DISEASE
AGE MY FUND RAISING GOAL IS: \$	
COMPANY NAME	
NAME	NAME
ADDRESS	ADDRESS
AMOUNT \$ MATCHING GIFT \$ TOTAL \$	AMOUNT \$ MATCHING GIFT \$ TOTAL \$
NAME	NAME
ADDRESS	ADDRESS
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MY GRAND TOTAL IS: \$

FACTS ABOUT TRANSPLANTATION AND ORGAN DONATION

- 84,000 Americans die from kidney disease or conditions associated with kidney disease each year
- Over 92,000 people in the United States need an organ or tissue transplant to save or drastically improve the quality of their lives
- Becoming a donor is as simple as checking the organ donor box on the back of your license; or fill out an organ donor card and carry it with you
- You will never receive less than the best medical care because you have promised to donate your organs after you are gone
- By promising your organs after your death, you may save or improve the lives of as many as 80 people
- Each year, 10 to 14 thousand people who die meet the criteria for organ donation, but less than half were actually donors

SIX WARNING SIGNS OF KIDNEY AND URINARY TRACT DISEASE

- Burning or difficulty during urination
- More frequent urination, particularly at night
- Passage of bloody-appearing urine
- Puffiness around eyes, swelling of hands and feet, especially in children
- Pain in small of back just below the ribs (*not aggravated by movement*)
- High Blood Pressure

Signed by the donor and two witnesses in the presence of each other.

Signature of Donor _____ Date of Donor's Birth _____
 Date Signed _____ Donor's City & State _____
 Witness Signature _____ Date _____
 Witness Signature _____ Date _____

This is a legal document under the UNIFORM ANATOMICAL GIFT ACT or similar laws.
 For information, consult your physician or the **Kidney & Urology Foundation of America, Inc.**,
 152 Madison Avenue, Suite 201, New York, NY 10016
 (212) 629-9770

TO SIGN UP FOR THE WALK

To reserve your place in the **2008 WALK the WALK**, we ask you to pre-register by returning your completed registration form *no later than October 22, 2008 along with your \$25.00 registration fee.*

Sign up at: **www.kidneyurology.org**

- Using your sponsorship form, start raising money by asking friends, family and coworkers to support you and the *Kidney & Urology Foundation of America.*

Have your sponsors make their checks payable to:
Kidney & Urology Foundation of America

- Bring all your donations and sponsor sheets with you on WALK Sunday.
- Donations can be made via check, money order or credit card (MasterCard, VISA, AMEX).

We encourage you to continue raising money after the WALK to qualify for a higher prize level, you can mail additional money to:

Kidney & Urology Foundation of America, Inc.
152 Madison Avenue, Suite 201
New York, NY 10016

Remember you must register each Team member individually. One (1) person per registration. Registration is \$25 per person.



DON'T FORGET TO ASK YOUR COMPANY ABOUT THEIR MATCHING GIFT PROGRAM