

**Support Organ Donor Education, Awareness and Advocacy!**  
**TRIO Contribution Form**

*I want to support TRIO's work  
through my financial contribution!*

**My Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**CITY ST ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**I AM A:**                     Candidate;  Candidate Family Member;  
                                  Recipient;  Recipient Family Member;  
                                  Living Donor;  Donor Family Member;  
                                  Health Care Professional  
                                  Friend;  Other: \_\_\_\_\_

Enclosed is my check in the amount of \$ \_\_\_\_\_

*This donation is a Memorial Donation in memory of:*

\_\_\_\_\_

**Please acknowledge this memorial donation to (name and address):**

\_\_\_\_\_

\_\_\_\_\_

(The person named above will receive a letter notifying them of your donation, without stating the amount of your donation, unless you wish that amount stated:

Yes. Please state the amount of my donation in the notification letter.)

No. Do not state the amount of my donation in the notification letter.)

**Relationship** (the person named above is the wife, husband, son, daughter, etc):

\_\_\_\_\_

**Thank You!**

*... for your tax-deductible contribution to further TRIO's efforts on behalf of  
transplant candidates, recipients, donors and their families. You will receive a  
letter of acknowledgement of your donation, useable for tax reporting purposes.*

**Please print out this page, fill it in,  
and mail it with your check (payable to TRIO) to:**

**Transplant Recipients International Organization, Inc.  
2100 M St, NW, #170-353  
Washington, DC 20037-1233**