



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

I AM A:	<input type="checkbox"/> Candidate	<input type="checkbox"/> Candidate Family Member
	<input type="checkbox"/> Recipient	<input type="checkbox"/> Recipient Family Member
	<input type="checkbox"/> Living Donor	<input type="checkbox"/> Donor Family Member
	<input type="checkbox"/> Health Care Professional	<input type="checkbox"/> Friend

Enclosed is my check payable to *TRIO* in the amount of \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ CID: \_\_\_\_\_  
MM YY

If this is a "in honor" or memorial gift, please complete the following:

This donation is in honor of a person or life event, or a memorial donation in memory of:

\_\_\_\_\_

Please acknowledge this donation to (name and address):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The person named above will receive a letter notifying them of your donation.

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 acknowledgment of your donation usable for tax reporting purposes.*

Please print out this page, fill it in, and mail to:  
Transplant Recipients International Organization, Inc.  
17560 Buckingham Garden Drive  
Lithia, FL 33547