

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: ___ 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 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, 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 acknowledgment of your donation, usable for tax reporting purposes.

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

Transplant Recipients International Organization, Inc.

7055 Heritage Hunt Drive, #307

Gainesville, VA 20155