



**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 \$ _____

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 with your check (payable to TRIO) to:
Transplant Recipients International Organization, Inc.
17560 Buckingham Garden Drive
Lithia, FL 33547