

**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.**  
**17560 Buckingham Garden Drive Lithia, FL 33547**