

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

Name: _____

Address: _____

CITY

ST

ZIP

Optional: Phone: _____ Fax: _____

Optional: Email: _____

I AM A: ___ Candidate; ___ Candidate Family Member;

(optional) ___ Recipient; ___ Recipient Family Member;

___ Living Donor; ___ Donor Family Member;

___ Health Care Professional

___ Friend; ___ Other: _____

Enclosed is my check in the amount of \$ _____

Thank You!

*... for your tax-deductible contribution to further TRIO's efforts on behalf of
transplant candidates, recipients, donors and their families.*

**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**