



**Transplantation Works
Ask Us!**

Membership Application Form

Make checks payable to TAO Rochester and mail to:

TAO Rochester, PO Box 23552, Rochester, NY 14692-3552

\$20 - Family **\$100 - Institutional** **Donation* \$ _____**

**Extra contributions to help our organization are always welcome and are tax deductible.*

NAME: _____ PHONE: _____

SPOUSE/COMPANION: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

EMAIL: _____

Please check here if you are unable to make dues payment at this time, but return the information to be placed on the mailing list. No one is denied membership because of financial considerations.

This information is kept confidential.

NEW **RENEWAL**

CANDIDATE RECIPIENT FAMILY MEMBER

HEALTH PROFESSIONAL FRIEND DONOR FAMILY

Candidate/recipient information:

Number of Transplants: _____ Date(s): _____

Organ(s): _____ Hospital: _____