



**Yes, I want to make a contribution to help support Team Philadelphia at the 2024 Donate Life Transplant Games of America from July 5<sup>th</sup> – July 10<sup>th</sup> in Birmingham, AL!**

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*Name/Company*

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*Address*

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*City*

*State*

*Zip*

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*Contact Name*

*Contact Phone Number*

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*Email Address*

**I want to help Team Philadelphia participate in the 2024 Transplant Games of America.**

\_\_\_\_\_ I will contribute \$250

\_\_\_\_\_ I will contribute \$100

\_\_\_\_\_ I will contribute \$50

\_\_\_\_\_ I would like to offer support in the amount of \$ \_\_\_\_\_

**Enclosed please find a check for \$ \_\_\_\_\_**

Please return your charitable contribution to: **Gift of Life Donor Program  
ATTN: Team Philadelphia  
401 N. 3<sup>rd</sup> St.  
Philadelphia, PA 19123**

- **Please make sure your check is payable to “TRANSPLANT FOUNDATION”**
- If you have any questions, please contact Annie Busarello at (215) 557-8090 Ex. 1109
- Your contribution is tax-deductible.

**Thank you for your support!**