



**Yes, I want to make a contribution to help support Team Philadelphia at the 2026 Transplant Games of America from June 18 – 23, 2026 in Denver, CO!**

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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 2026 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 or email [TeamPhilly@donors1.org](mailto:TeamPhilly@donors1.org)
- Your contribution is tax-deductible.

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*Name of Team Philly Member You're Supporting (Optional)*

**Thank you for your support!**