

YES, I Want to Help!

Name

Address

City State Zip

Home Telephone Work Telephone

E-Mail Address

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS

PLEDGE

I would like to pledge gifts of \$ _____
over _____ months for a total of \$ _____.

Payment Options:

- Check
Payable to **National Foundation for Transplants**
or
 Credit Card (choose one below)
 Visa MasterCard American Express

Card Number Exp. Date

Signature Today's Date

ONE-TIME GIFT

I would like to make a one-time gift in the amount of:
 \$250 \$100 \$75 \$50 Other \$ _____

Payment Options:

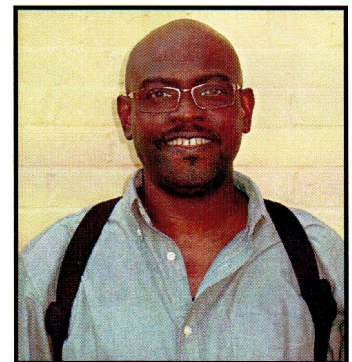
- Check
Payable to **National Foundation for Transplants**
or
 Credit Card (choose one below)
 Visa MasterCard American Express

Card Number Exp. Date

Signature Today's Date

Please send your completed pledge form to:

National Foundation for Transplants
North Carolina Transplant Fund
In honor of Ivan K. Harrell
5350 Poplar Avenue, Suite 430
Memphis, TN 38119



*On behalf of
Ivan K. Harrell
Thanks!*