



Transplant Leadership Council

Founding Member Commitment Form

Date: _____ (mm/dd/yyyy)

Member Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Please see membership requirements on the Transplant Leadership Council Fact Sheet.

Yes, I want to become a Founding Member of the Transplant Leadership Council.

I commit to donate \$_____ to the American Transplant Foundation. (Minimum \$250)

and

I commit to raise \$_____ for the American Transplant Foundation. (Minimum \$250)

Enclosed is my donation of \$_____ with a remaining balance of \$_____.

Payment Method: Check (made payable to American Transplant Foundation) Check # _____

Credit Card Visa MasterCard American Express Discover

Card #: _____ Exp. Date: _____ (mm/yyyy)

If you have a remaining balance, please complete the following:

I would like to schedule my remaining donations to occur: Quarterly Monthly

Starting: _____ (mm/yyyy) in _____ equal installments of \$_____.

Payment Method: Check *Please send pledge reminders to the above address.*

Credit Card *Please charge my credit card automatically.*

Visa MasterCard American Express Discover

Card #: _____ Exp. Date: _____ (mm/yyyy)