



# TSO Transplant Support Organization

Participant Application: New Renewal

Please fill out this form and mail it with your tax-deductible contribution to:  
TSO, 1335 Mace Avenue, Bronx, NY 10469

NAME(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone # - Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### PERSONAL INFORMATION (optional)

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

### CANDIDATE / RECIPIENT INFORMATION – Please check appropriate description

Donor \_\_\_\_\_ Donor Family Member \_\_\_\_\_ Transplant Recipient \_\_\_\_\_ Transplant Candidate \_\_\_\_\_

Family Member \_\_\_\_\_ Interested Individual \_\_\_\_\_ Professional \_\_\_\_\_

Have you already had a transplant? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Transplant(s) \_\_\_\_\_

Date of Transplant \_\_\_\_\_

Where did you (will you) have your transplant? \_\_\_\_\_

### PARTICIPANT CATEGORIES & SUGGESTED CONTRIBUTIONS

**Regular** (Transplant recipient, transplant candidate, family member, donor family)

**Individual Participant** \$25.00

**Family Participant** (2 or more members, same address) \$35.00

**Professional** \$25.00

**Please consider a voluntary donation to help support TSO** \$ \_\_\_\_\_

