



# THE NORTH AMERICAN ANDY TRANSPLANT FOUNDATION INC.

## INDIVIDUAL PHILANTHROPY

### Contact Information

**Name**

**Address**

**Email**

*Your e-mail address will not be shared or used for other purposes.*

**Phone**

*Your phone number is required in the event it is necessary to contact you concerning your donation.*

### Contribution Type

**I would like to make a Single Contribution to The North American Andy Transplant Foundation of the following amount**

COMMUNITY LEVEL (\$5000/4,000 Euros and up)

BRONZE LEVEL (\$10,000/8,000 Euros and up)

SILVER LEVEL (\$25,000/20,000 Euros and up)

GOLD LEVEL (\$50,000/40,000 Euros and up)

PLATINUM LEVEL (\$100,000/80,000 Euros and up)

Other (PATRON LEVEL) \_\_\_\_\_

**TOTAL AMOUNT** \_\_\_\_\_

**I would like to make an Ongoing Contribution with the following information by mail**

First contribution amount:

Please charge my contribution to:

Visa \_\_\_ Mastercard \_\_\_ American Express \_\_\_ Discover \_\_\_

Account # \_\_\_\_\_

EXP. DATE \_\_\_\_\_ 3 DIGIT CODE \_\_\_\_\_

\_\_\_ **I will make my contribution by International wire transfer :**

(Please contact us for the bank information)

\_\_\_ **I will make my contribution by Domestic wire transfer**

(Please contact us for the bank information)

**ENCLOSED IS MY CHECK/PAYABLE to the ANDY TRANSPLANT  
FOUNDATION**

NAME:

STREET ADDRESS:

CITY:

STATE:

POSTAL CODE

COUNTRY:

EMAIL ADDRESS:

SIGNATURE:

DATE:

**In Memory/Honor Of** *(this section is not required)*

If you would like to make this gift in memory or honor of someone, please complete the following fields:

"In Memory Of"

"In Honor Of"

Name(s)

Reason

Send acknowledgement of this gift to:

Name

Street Address

Street Address (cont)

City

State

Country

Zip

**THANK YOU FOR YOUR SUPPORT! THE NORTH AMERICAN ANDY  
TRANSPLANT FOUNDATION INC. IS REGISTERED IN THE US AS A 501(C)  
3 NOT-FOR- PROFIT ORGANIZATION. YOUR CONTRUBTION IS TAX  
DEDUCTIBLE WITH OUR CERTIFICATION FEDERAL  
TAX ID NUMBER: 41-2148500 DATED JULY 1, 2004**

**If you would like to mail or fax your donation, or contact us:  
The North American Andy Transplant Foundation  
P.O. Box 1021  
Morrisville, NC 27560**

**Tel: 919-342-0853 (Toll free 1-866-411-6616)  
[info@andytransplantfoundation.org](mailto:info@andytransplantfoundation.org)**