

TRANSPLANT RECIPIENTS INTERNATIONAL ORGANIZATION

GREATER CLEVELAND CHAPTER • PO Box 93163 • Cleveland, OH 44101-5163

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Dear Friend of TRIO:

The **2019 TRIO-Greater Cleveland** membership dues are currently being collected. Dues are **\$20.00 per family address**, and by joining you are helping us to improve the quality of lives touched by the miracle of transplantation and continue our mission of education, awareness, advocacy and support both locally and internationally. Fifty percent of your dues are provided to TRIO National which enables us to access the resources they provide. Please complete the tear off portion of this page and mail it in with your check, which should be made payable to **TRIO-Greater Cleveland Chapter**. TRIO Greater Cleveland Chapter is an IRS 501(c)(3) non-profit corporation and your annual dues may qualify as a deduction for income tax purposes.

WHAT DO YOUR DUES PAY FOR?

- **Education**-Providing educational opportunities and materials to transplant recipients about programs, services and conditions that may impact them, including donor awareness, and information about financial and insurance issues relevant to the transplantation process
- **Awareness**-Events to promote the need for organ, eye and tissue donation, including promoting the donor registry
- **Advocacy**-Your voice to the transplant community! Testimony before Congress and Congressional committees about regulations that affect organ and tissue donation and transplantation. TRIO advocated for legislation that created National Organ and Tissue Donor Awareness Week (NOTDAW). This national endeavor has now grown into "National Donate Life Month." TRIO and the transplant community now celebrate Donate Life Month throughout the month of April each year
- **Support**-Events that encourage interaction between transplant recipients. Each year, TRIO National sponsors educational scholarships for transplant candidates, recipients, and donor family members who desire to pursue post-secondary education

WHO SHOULD PAY DUES?

Any organ, tissue, eye recipient, transplant candidate or support person. **Any** health care professional (nurse, physician, social worker) that is involved within the field of transplantation. **Any person that is supportive of the mission of organ, tissue, and eye donation.**

If the cost of dues is too much for you, or if you know of someone who would like to become a member, but the financial strain of dues is too great, our chapter may be able to sponsor the dues for those individuals. Please contact TRIO by telephone at 440-473-8979 or by e-mail at triocleveland@triocleveland.org if this type of assistance is needed.



ENCLOSED IS () \$20.00 FAMILY MEMBERSHIP () \$_____ ADDITIONAL DONATION TO CHAPTER

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

You are a:

Recipient Candidate Living Donor Donor Family Professional Support Person Student

Type of Transplant(s) _____ Date of Transplant: _____

Transplant Center _____

How would you like to receive information about programs/events from TRIO-Greater Cleveland?

E-mail: _____

Regular-mail