



Transplant Recipients International Organization

Greater Cleveland Chapter • PO Box 22333 • Cleveland, OH 44122

• www.triocleveland.org • e-mail: TRIOcleveland@triocleveland.org

+1 888-724-2808

The **2024 TRIO-Greater Cleveland** membership dues are currently being collected. Dues remain **\$25.00 per household** this year, and by joining, you are helping us continue our mission to improve the quality of lives touched by the miracle of transplantation both locally and internationally.

A portion of your dues are provided to TRIO National, enabling access to additional resources and confirming your national membership. Please complete the tear-off part of this page by March 31, 2024, to become a member. TRIO Greater Cleveland is an IRS 501(c) (3) nonprofit corporation, and your annual dues may qualify as a deduction for income tax purposes. *As a 501(c)(3) organization, our federal identification number is 34-1611049.*

TRIO Provides Support, Advocacy, Education, and Awareness for those touched by donation and transplantation. We support our membership with virtual and in-person events and connect candidates and recipients through TRIO Transplant Shares. We advocate for the transplant community, especially in a national health crisis, and affect positive change locally and federally. We provide educational opportunities to all our members and other resources. We work together to promote organ, eye, and tissue donation and the vital need for more registered donors. We support those in the greater Cleveland area seeking medical care through two transplant centers. Medical professionals help guide the chapter in making meaningful experiences for those impacted by donation and transplantation. **If you are experiencing financial difficulties, please ask about Memorial membership grants.**



Detach and mail to TRIO Greater Cleveland, PO Box 22333, Cleveland, OH 44122

\$25.00 Individual / Household Membership (Checks payable to TRIO-Greater Cleveland Chapter or Credit Card)

Name: _____ **Telephone:** (____) _____

Please list Individual / household members: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Credit Card No: _____ **Exp date:** _____ **CVV:** _____

Membership	\$	25.00
Additional Donation to TRIO	\$	_____
Total Charge:	\$	_____

Print Name on Card: _____ **Signature:** _____

Would you like to volunteer for activities? Yes No

Circle All That Apply

Candidate Recipient Living Donor Donor Family Caregiver/Support Person Medical Professional Student

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

Transplant Center: _____

If Medical Professional – Organization _____

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