

Annual Giving Response Form

PRINT LEGIBLY

Company/Institution/Affiliation Na	nme:			
Contact Person:				
Address:				
City:	State/Province:	Country:	Postal Code:	
Telephone (office):		Telephone (Mobile):		
Email:				
Signarure:		Date (YYYY-MM-DD):		
AcknowledgementChoice of either:	IPTA website		rcelona, Spain	
PLEASE CHECK METHO	D OF PAYMENT BELOW:			
☐ Cheque (enclosed mad	e payable to "International Pediatric 1	Fransplant Association"		
☐ Wire Transfer (Please Ir	nvoice Me)			
☐ MasterCard ☐ VISA				
CARD NUMBER:		Expiration (YYYY-MM)	:	
CARDHOLDER NAME:				
SIGNATURE:				
Please return this form to:		514-874-1717		

International Headquarters Att: Katie Tait 740 Notre-Dame Ouest, Suite 1245 Montréal, QC H3C 3X6 Canada

E-Mail: sections@tts.org Web: www.tts.org/ipta

514-874-1716

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