ANNUAL SUPPORT COMMITMENT FORM

Company/Institution/Affiliation Name:  
Contact Person:  
Address:  
City: State/Province: Country: Postal Code:  
Telephone (office): Telephone (Mobile):  
Email:  
Signature: Date (YYYY-MM-DD):  

YES, WE WANT TO SUPPORT THE IPTA THROUGH A CORPORATE CONTRIBUTION IN THE AMOUNT OF:  

$_____________________

PLEASE CHECK METHOD OF PAYMENT BELOW:  

☐ Cheque (enclosed made payable to “International Pediatric Transplant Association”  

☐ Wire Transfer (Please Invoice Me)  

☐ MasterCard  ☐ VISA (Up to $5000 USD Maximum - Higher amounts by cheque or wire transfer)  

CARD NUMBER:  Expiration (YYYY-MM):  
CARDHOLDER NAME:  
CARDHOLDER SIGNATURE:  

Please return this form to:  
International Pediatric Transplant Association  
International Headquarters  
Att: Katie Tait  
740 Notre-Dame Ouest, Suite 1245  
Montréal, QC H3C 3X6 Canada  
Phone:  514-874-1717  
Fax:  514-874-1716  
E-Mail:  sections@tts.org  
Web:  www.tts.org/ipta