



International Pediatric
Transplant Association

ANNUAL SUPPORT COMMITMENT FORM

PRINT LEGIBLY

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:

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International Headquarters
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Montréal, QC H3C 3X6 Canada

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