

## Supporting our Multi-Organ Transplant Program

The Multi-Organ Transplant Program at London Health Sciences Centre is one of the leading transplant programs in Canada, performing nearly 200 transplants annually. More than 6,000 Canadians have received transplants, including kidney, liver, heart, kidney-pancreas, pancreas, and multi-organ transplantation.

London Health Sciences Foundation provides patients and their families with an opportunity to show gratitude to those who played a special role in the care they received.

Whether you choose to salute a special doctor, nurse or allied health member, or our transplant program in general, your donation is a meaningful way to say **“thank you”**. Your gift will help create life-changing moments for our patients by funding the transplant program’s highest priority needs in patient care, research, and education.

Yes! I’m a grateful patient or family member and would like to support:

- Multi-Organ Transplant Program Fund (#77-680-01)** for highest priority needs in patient care, education, equipment
- Multi-Organ Transplant Program Research Fund (#78-680-01)** for innovative clinical and laboratory research
- Transplant Patient Assistance Fund (#14-690-05)** for much-needed financial assistance during the transplant process
- Transplant Staff Education Fund (#12-680-21)** for professional development and mentorship

I’d like to say thank you to:

I’d like to make a single gift of:       \$50    \$100    \$500    \$1,000    Other: \$ \_\_\_\_\_

I’d like to make a monthly gift of:       \$10    \$15    \$20    \$25    Other: \$ \_\_\_\_\_

Payment Options (*please choose one payment option*)

- Cheque (Payable to **London Health Sciences Foundation**)
- Credit Card:    Visa                               MasterCard                               Amex

\_\_\_\_\_

<i>Card Number</i>	<i>Expiry Date</i>	<i>Security Code</i>
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Automatic Bank Withdrawal (*Canadian financial institutions only*). Please include a blank cheque marked “VOID”.  
I authorize installments of \$ \_\_\_\_\_  monthly    quarterly    annually - Commencing (M/Y) \_\_\_\_ / \_\_\_\_

### Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I’d like to arrange an interview to share my story. Please contact me at the above information.

Please mail your completed form with your gift to:

**London Health Sciences Foundation**  
**747 Base Line Road East**  
**London, ON N6C 2R6**

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