Children's Organ Transplant Association®

Donation Form

Yes! I want to make a contribution to help the
Children's Organ Transplant Association.

Enclosed please find my contribution of:

$500 $250 $100 $50 $25 Other $_____

I would like my donation to honor _____
Gifts can be made in honor of a COTA patient. Please specify where you would like your gift to be allocated.

Name _____

Address _____

City_____ State_____ Zip _____

Email _____

Phone_____

I would like more information about:

COTA Families in my Area
COTA Programs
COTA Miracle Makers
Planned Giving Options

Thank you for your contribution!

Mail this form and your check to:

Children's Organ Transplant Association
2501 West COTA Drive
Bloomington, Indiana 47403