

Children's Organ Transplant Association®

**Contribution 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 contribution 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 \_\_\_\_\_

Please circle - 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