



NTAF

*The Leader in Fundraising Assistance and Support
for Transplant and Catastrophic Injury*

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**TRIBUTE GIFT TO
NTAF NORTHWEST BONE MARROW TRANSPLANT FUND
IN HONOR OF JOE BURESH**

Amount of contribution: _____ **Date:** _____

Name of contributor (please print): _____

Address: _____

Daytime Phone: _____ **Email:** _____

Please make check payable to: **NTAF Northwest Bone Marrow Transplant Fund**

Print in memo section of check: **In Honor of Joe Buresh**

Please send to:
NTAF
150 N. Radnor Chester Road, Suite F-120
Radnor, PA 19087

NTAF has the ultimate authority regarding administration and disbursement of all contributions. NTAF will send an acknowledgment for any contributions of \$250.00 or more, or if requested by the contributor of a lesser amount.

Credit Card Contributions



For credit card contributions, please call 800-642-8399 or visit www.NTAFund.org.

Bankcard Account Number: _____ Expiration Date: _____

Amount of Contribution: (\$10 minimum) _____ CVV Code: _____ (3 or 4 digit code on the front or back of your card)

Cardholder Signature: _____

Cardholder Name (print): _____

Cardholder billing address, phone and email if different from above (be sure to include email address to receive receipt):

For donation of stocks, please call 1-800-642-8399.

CONTRIBUTIONS ARE TAX-DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW. THIS CAMPAIGN IS ADMINISTERED BY NTAF, A 501(C) (3) NONPROFIT PROVIDING FUNDRAISING ASSISTANCE TO TRANSPLANT AND CATASTROPHIC INJURY PATIENTS. INFORMATION: 800-642-8399.

Thank you for your generosity and desire to help!