

Transplant Support Organization meetings are held at 7 pm on the third Wednesday of the month (with some exceptions) at Congregation Sons of Israel, 1666 Pleasantville Road, Briarcliff Manor, NY.

Schedule for monthly meetings

7:00 – 7:30 PM – Social time

7:30 – 9:00 PM – Meeting and program for the evening.

Our speaker at the January meeting is Dr. Jean Emond, Surgical Director at Columbia Presbyterian Hospital.

In February we will have Dr. Gerald Zaidman speak. He is the ophthalmic and cornea surgeon at Westchester Medical Center.

Please join us for support, information and new friendships.

For directions to our meeting, donor registration form, and further information, please check our website:

www.transplantsupport.org

To contact us by mail please write to TSO, PO Box 2712, Briarcliff Manor, New York 10510-2712.

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www.transplantsupport.org

To all recipients of this newsletter. Please send your email address so we may notify you of any last minute changes to our meetings.

Contact Janet Ocasio at GKJP@aol.com

The UNOS National Patient Waiting List

Candidates as of 12/11/2009

83,001 kidney transplant.

15,826 liver transplant.

1,509 pancreas transplant.

2,222 kidney-pancreas transplant.

231 intestine transplant.

2,993 heart transplant.

82 heart-lung transplant.

1,878 lung transplant.

105,239 TOTAL PATIENTS*

All candidates will be less than the sum due to candidates waiting for multiple organs.

Every 18 minutes a new name is added to the waiting list.

And the Beat Goes On (continued from p. 1)

nity in Mount Vernon. Dr. Bauman spoke to us about gratitude—the nature of gratitude, its causes, and its potential for our health and well being. Religions and philosophies have long known about the benefits of gratitude, and science is now able to shed a scientific light on this concept.

Gratitude is different from “indebtedness”. Indebtedness requires a need to pay back. Gratitude does not. By our expression of gratitude we are able to change our behavior. Recent studies have shown that grateful people are happier and less stressed. They accept themselves as they are. They have less bad behavior, substance abuse. They look at the glass as half full rather than half empty.

Dr. Bauman distributed a questionnaire to those in attendance asking us respond to 6 questions which would show us how grateful we are.

1. I have so much in life to be thankful for,
2. If I had to list everything that I felt grateful for, it would be a very long list.
3. When I look at the world, I don't see much to be grateful for.
4. I am grateful to a wide variety of people.
5. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history,
6. Long amounts of time can go by before I feel grateful to something or someone.

Dr. Bauman told us how to score the answers, with questions 3 and 6 obviously having a reverse scoring. An interesting discussion ensued with those in attendance indicating that although most agree gratitude is an excellent quality to have, we don't always have it. Dr. Bauman reminded us that gratitude can be learned. Try to remain positive, get rid of negative thoughts. Give back by volunteering.

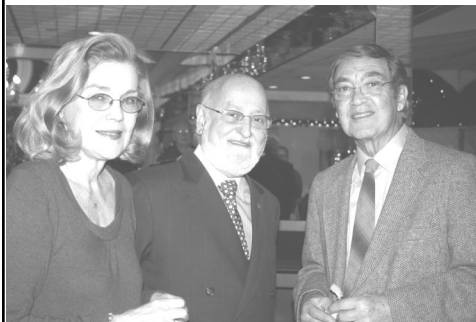
We're grateful to both speakers, who enriched our knowledge of healthy living, both physically and spiritually.

Happy Rebirthday to You

Warren Agatston	Jan-91	Kidney	Louis Hamway	Jan-06	Kidney
Ibrahim Marji	Jan-94	Kidney	Cornelia Bruno	Jan-07	Lung
Helen Bellhouse	Jan-95	Liver	Robert Mavian	Jan-09	Kidney
Walter Greenberg	Jan-95	Heart	Carolyn Robinson	Jan-09	Kidney
Gerard Bushel	Jan-97	Kidney	Shelagh Amann	Feb-92	Kidney
John Talbutt	Jan-98	Liver	Robert Kuhn	Feb-93	Kidney
Richard Marasco	Jan-98	Kidney	Monique Eveillard	Feb-93	Kidney
Sherinah Lugo	Jan-99	Kidney	Stephen Arnold	Feb-96	Kidney
Betty Bottinelli	Jan-01	Liver	Herbert White	Feb-97	Kidney
Jack Powers	Jan-01	Liver	Bill Williams	Feb-98	Cornea
Ruth Konefal	Jan-03	Lung	Ana Rosado	Feb-99	Kidney
Rudy Masry	Jan-03	Kidney	Vicky Rebatla	Feb-02	Kidney
Charles Brown	Jan-04	Liver	Irene Sherman	Feb-04	Kidney
Meredith Laubin	Jan-04	Kidney	William Seery	Feb-05	Liver
Theresa Mallon	Jan-04	Liver	Donald Simons	Feb-06	Liver
Kathryn Kerpchar	Jan-05	Liver	Angelo Stekardis	Feb-08	Lung

Our best wishes to all for many more happy and healthy years to come

TSO Holiday Party



Our annual Holiday Party held on Dec. 7th at An-tun's Restaurant was enjoyed by recipients, living donors, caregivers, friends, NYODN and Eye Bank representatives. Thanks to Helen Bellhouse, Janet Ocasio, and Glenna Epperson Smith worked hard to bring the party together.



Jeff Graham, TSO's treasurer and former president, emceed the event and individually thanked the many people who make our organization the positive force that it is. We are a very active and involved group, trying to do our part to get out the information on the importance of organ and tissue donation. Music was provided by Russ Graham on keyboard and Tanya Diona singing, with special guest Don Simon on the accordion. Our thanks to Astellas, represented at the party by Ed Kraus, for their generous gift to TSO. As usual, it was wonderful to see all the happy and healthy people from the transplant community.

Photos by Danielle Graham Wahren

Transplant Recipient Writes Her Story

Mary Wu is a two-time kidney transplant recipient who was diagnosed with chronic kidney failure at age 4. Her book blog: "**Confessions of a Kidney Transplant Recipient**" is about her experiences in receiving two kidney transplants. She launched it in September. Here is the site: <http://kidneyconfessions.blogspot.com>. If you are interested in subscribing to read previous and future chapters of "**Confessions of a Kidney Transplant Recipient**" or have any other further questions or concerns, please email Mary Wu at mwu82@yahoo.com or call at 917-968-8856.

Transplant News

Canadian scientists discover way to heal donor lungs before transplant

BY TIFFANY CRAWFORD, CANWEST NEWS SERVICE

OCTOBER 28, 2009

A new process, which uses a machine called the Toronto Lung Perfusion System to warm the lungs to body temperature, continuously pumps a solution of oxygen, proteins and nutrients into injured donor lungs, mimicking normal physiological conditions, making it possible for the injured cells to begin repairing themselves, readying them for donation.

Canadian scientists have developed a new process to heal damaged lungs before they are transplanted into a patient's body, which could triple the number of successful lung transplants and have future implications for healing other organs.

For the first time, researchers at Toronto's McEwen Centre for Regenerative Medicine and the Toronto General Hospital have successfully used gene therapy to repair injured human donor lungs. Their study was published Wednesday in the journal *Science Translational Medicine*.

When an organ donor succumbs to brain death, the lungs can become inflamed, causing injury and making them unfit for donation or difficult for the recipient's body to accept. Lead researcher Dr. Shaf Keshavjee says around 20 to 30 per cent of people who receive a lung transplant die from complications. And, he says, more than 80 per cent of donor lungs are damaged.

The new process, which uses a machine called the Toronto Lung Perfusion System to warm

the lungs to body temperature, continuously pumps a solution of oxygen, proteins and nutrients into injured donor lungs, mimicking normal physiological conditions.

"This makes it possible for the injured cells to begin repairing themselves," said Keshavjee. "It opens the door to genetically prepare organs to donate."

The study found that the lungs maintained on the machine, which was developed in Toronto, did not deteriorate and remained stable, and those which received the gene therapy improved blood flow throughout the lungs and their ability to take in fresh oxygen and get rid of carbon dioxide.

The researchers found the lungs begin producing the new anti-inflammatory proteins about six hours after insertion.

Part of the problem with the current method of storing transplanted organs — cold preservation — is that the organ is only reliable for up to 12 hours. With this technique, the lungs can be preserved for up to 24 hours, said Keshavjee.

With cold preservation of organs, scientists essentially cool them down to slow the dying process, but with this new technique, they are keeping the lung alive and repairing it at the same time.

The scientists have performed successful transplants on animals. Keshavjee believes they will be ready for clinical human trials within two or three years.

In these clinical trials, lungs

repaired with the gene therapy will be offered to patients, with consent, who are waiting for a life-saving lung transplant.

Keshavjee believes the technique will eventually triple the number of lungs suitable for transplant.

"Everyone who gets a lung transplant is in danger of dying and so if you significantly increase the number of organs available you save more lives."

Between 1997 and 2006, 299 Canadians died while waiting for a lung transplant. In Canada, the number of people waiting for a lung transplant has doubled in the past 10 years, with 252 Canadians waiting to receive a lung transplant in 2006, compared to 119 in 1997.

Toronto has long been a world leader in lung transplantation. The first successful lung transplant was performed in Toronto in 1983 and the first double lung transplant was completed there three years later.

"Everything we can do to prevent lung injury, especially in the first 72 critical hours after surgery, would have a significant impact on survival and quality of life after transplantation," said Dr. Marcelo Cypel, a transplant surgical fellow at Toronto General Hospital.

Transplant News

Spreading Awareness of the Greatest Gift — Hadassah Medical Center

NANCY FALCHUK, JTA, NOV. 29, 2009

NEW YORK (JTA) -- Nothing should surprise the medical staff of a big hospital, but last July the Hadassah Medical Center had an extraordinary 48-hour period in which surgical teams performed two heart and three kidney transplants. The most dramatic case was that of a 42-year-old mother of six who had been living for a year with an artificial heart and who finally had a human donor.

As a nurse, nothing is more remarkable to me than how far organ transplantation has come just during the course of my professional career.

When I was in nursing school, kidney transplantation was in its infancy and the first drugs to treat acute rejection were being introduced. Dr. Christiaan Barnard's first successful heart transplant was still in the future.

But as far as organ transplantation has come, there is still work to be done. Even that extraordinary two-day period at the Hadassah Medical Center suggests challenge as much as achievement. The surge or dearth of healthy organs on any given day points up the uneven pace of donations.

The statistics, likewise, tell two stories. In 2008, there were 28,000 organ transplants in the United States. Some 16,000 involved kidneys -- an impressive number until you compare it to the 80,000 Americans on waiting lists for kidneys. Many of them will die waiting.

Our medical expertise is run-

ning faster than our ability to sign up donors -- both living donors for kidneys and bone marrow, and people who formally register to be postmortem donors. It's not for lack of generosity.

Every organ donor is a tribute to the most generous instincts of the human spirit. But to be a donor, one needs one more characteristic: awareness.

Millions of generous people are not aware. Some avoid thinking about the issue. Others resist becoming donors out of a traditional mind-set they believe is rooted in religion, even though religious authorities from virtually every denomination and every faith have endorsed the life-giving practice of organ donation.

Hadassah, alone and in partnership with other health-oriented organizations, has made a priority of awareness. For 10 years we have sponsored educational programs on the importance of organ donations. We do this not only in our chapters but also as outreach to the wider Jewish community and the general public. We also have done tissue typing for potential bone marrow donors at our annual conventions.

Every culture reserves a special place of honor for lifesavers, and that is exactly what donating an organ makes you. According to Jewish tradition, whoever saves a life, it is considered as if he saved an entire world. In fact, saving one life by donating an organ may indirectly save others.

Increasing the voluntary donor pool would go a long way toward ending illegal trafficking in human organs. This criminal trafficking has not spared the Jewish community. Many of us have been shocked in recent months over news reports of individual Jews involved in the practice.

Paid donors are typically people from poor countries who give up a kidney or part of their liver under substandard surgical conditions and with little or none of the post-operative attention they need. Those who trade in human organs exploit not only the poor but also the sick -- those willing to pay anything to save the life of a loved one.

Even if we cannot solve the problem of human greed, we can strike a blow at one of its outlets by dramatically increasing the voluntary donor pool. So if you haven't thought about becoming an organ donor, now is a good time to start.

If you want more information, or if you have any hesitation, a world of information is waiting for you. Two especially good Web sites that answer virtually any question you can imagine are those of the Mayo Clinic and of the New York Organ Donor Network.

The science to save lives is in place and improving every day, and the world has plenty of generous people. It's up to all of us to make sure that awareness matches generosity.

Transplant News

Adult Stem Cells Show Promise in Heart

SCIENCE & MEDICINE, 1/21/09
BY FRED TASKER
FTASKER@MIAMIHERALD.COM

A new study points to promising use of adult stem cells, which can be injected into the arm or leg and heal hearts.

Adult stem cells might help repair hearts damaged by heart attack -- in part by becoming heart cells themselves.

That was the finding of a new study, released Monday, that points to a promising new treatment for heart-attack patients that could reduce mortality and lessen the need for heart transplants. Adult stem cells also could help heal livers, kidneys, pancreases and other organs.

If confirmed by further trials, the new therapy could be in general use within five years, estimates Dr. Joshua Hare, a University of Miami cardiologist and lead author of the 10-university study.

"This clearly did help heal the human heart," Hare said.

'A PRETTY BIG DEAL'

Though the study only involved 53 patients, it's the first time that adult stem cells have been shown to help repair heart damage. Previous heart-attack treatments, such as angioplasty, have restored blood flow, but did not heal heart tissue.

"This is a pretty big deal. Echocardiograms showed improved heart function, particularly in those patients with large amounts of cardiac damage," said Hare, who also is director of the UM Medical School's Interdisciplinary Stem Cell Institute. "They also had improvements in lung function."

The study will appear in the Dec. 8 issue of the peer-reviewed Journal of the American College of Cardiology.

Researchers say it's the strongest evidence so far that adult stem cells can actually differentiate, or turn into heart cells, to repair damage. Until now, some researchers had believed that only controversial embryonic stem cells could differentiate into heart or other organ cells. The study suggests that adult stem cells -- derived from bone marrow -- are more flexible than previously thought.

"This is an exciting first step in a direction many thought cell therapy couldn't go," said Dr. Robert Simari, a cardiologist at the Mayo Clinic in Rochester who was not involved in the trial. "It has demonstrated safety and good changes."

WHAT WAS DONE

In the trial, 53 patients who had had heart attacks in the previous 10 days were injected with "mesenchymal," or adult stem cells, then kept under close study for six months.

The stem cells, injected into a vein in the arm or leg, automatically gravitated to the damaged heart, drawn by chemical signals from the injured cells, Hare said. Other researchers are looking at whether the same injected stem cells might be drawn to the liver, kidney or other organs if they are damaged.

Mesenchymal stem cells have the advantage that they can be taken from the bone marrow of an

unrelated donor without needing to be matched by blood type. In the future, Hare said, hospitals might keep stores of frozen stem cells on hand for speedy "off-the-shelf" use in treating heart attacks. In earlier studies with other kinds of adult stem cells, the cells had to be drawn from the patient's own bone marrow, which would be done only after the heart attack.

Also, other kinds of adult stem cells had to be injected directly into the heart by a catheter via a slit in the groin, or applied during open-heart surgery, while mesenchymal stem cells can be injected into any appropriate vein in arm or leg.

In the current study, the stem cells were extracted and purified and supplied by Osiris Therapeutics of Columbia, Md., which sponsored the study.

RESULTS

Patients who received the stem cells were compared to similar patients who received placebo injections. Both were followed by MRI and echocardiogram. After six months, treated patients:

- Were four times as likely to have improved overall condition.
- Were able to pump more blood with each heartbeat than untreated patients.
- Had only one-quarter as many dangerous heart arrhythmias.
- Suffered no toxicity or other serious adverse side effects.

The way in which mesenchymal stem

Continued on p. 8

*Transplant News
Adult Stem Cells Show
Promise in Heart
(continued)*

cells help repair a damaged heart is more complicated than the cells simply becoming heart cells, said Dr. Alan Heldman, a UM cardiologist who has worked on the project with Hare for 10 years at Johns Hopkins University and UM.

'A LOT GOING ON'

"The stem cells take part in the growth of new blood vessels to bring more oxygen to the heart. They help modulate the scarring from the heart attack. They fight inflammation. There's a lot going on," he said.

Hoping to speed the new stem-cell therapy into general use, UM researchers already are enrolling patients for the next phase of the trial. In it, 220 patients will be treated at hospitals and universities in a dozen or more cities, Heldman said.

It should take less than two years. FDA approval of the procedure could clear it for general use within five years, Hare said.

In an editorial accompanying the new study in the medical journal, cardiologist Dr. Marc Penn calls the study "an important step."

"There is excitement in what the future holds with regard to advances in this field," Penn writes.

**IMPORTANT INFORMATION ABOUT THE
2010 CENSUS**

SUBMITTED BY KATHY AND DON WONG

WARNING: 2010 Census Cautions from the Better Business Bureau

With the U.S. Census process beginning, the Better Business Bureau (BBB) advises people to be cooperative, but cautious, so as not to become a victim of fraud or identity theft.

The first phase of the 2010 U.S. Census is under way as workers have begun verifying the addresses of households across the country. Eventually, more than 140,000 U.S. Census workers will count every person in the United States and will gather information about every person living at each address including name, age, gender, race, and other relevant data.

The big question is - how do you tell the difference between a U.S. Census worker and a con artist? BBB offers the following advice:

If a census worker knocks on your door, they will have a badge, a handheld device, a Census Bureau canvas bag, and a confidentiality notice. Ask to see their identification and their badge before answering their questions. However, you should never invite anyone you don't know into your home.

Census workers are currently verifying address information. Do not give your Social Security number, credit card or banking information to anyone, even if they claim they need it for the U.S. Census. **REMEMBER, NO MATTER WHAT THEY ASK, YOU REALLY ONLY NEED TO TELL THEM HOW MANY PEOPLE LIVE AT YOUR ADDRESS.**

While the Census Bureau might ask for basic financial information, such as a salary range, **YOU DO NOT HAVE TO ANSWER ANYTHING AT ALL ABOUT YOUR FINANCIAL SITUATION.**

The Census Bureau will NOT ask for Social Security, bank account, or credit card numbers, nor will employees solicit donations. Any one asking for that information is NOT with the Census Bureau.

AND REMEMBER, THE CENSUS BUREAU HAS DECIDED NOT TO WORK WITH ACORN ON GATHERING THIS INFORMATION. No Acorn worker should approach you saying he/she is with the Census Bureau.

Eventually, Census workers may contact you by telephone, mail, or in person at home. However, the Census Bureau will not contact you by Email, so be on the lookout for Email scams impersonating the Census.

And remember to never click on an attachment or open an email that is supposedly from the U.S. Census Bureau. For more advice on avoiding identity theft and fraud, visit www.bbb.org.

PLEASE SHARE THIS INFO WITH FAMILY AND FRIENDS

TSO Community Views

As the New Year approaches please tell us what speakers, programs or events you think TSO should offer? Have any of the presentations already held been particularly helpful? Would you recommend a particular format like open discussions, a particular speaker or topics?

I would love to see us have a meeting devoted to the discussion of a pertinent, topical movie or book. When I've been in the schools with Jeff, several of the kids have brought up the movie 7lbs. There are also a few books around [novels] that deal with the transplant issue. A lot of books and movies today have book group questions. I wonder if something like that would interest people. We could alert people over the summer to the specific book or movie we would be discussing later in the year. Then they could see it or read it, if it was of interest to them. What do you think? Just an idea. I'm sure that several of us have hobbies or other things we do for relaxation. Would it be appropriate to have a share/demonstrate your hobbies or relaxation activities with the group? Believe it or not, the male Cantor at our synagogue was a master at Needlepoint and Origami. He often gave demonstrations and/or lessons. As you know, I crochet and paint with oils for relaxation. Bob Winter also paints and so does Ally. Karen works with stained glass, knits, and creates jewelry. Those are only the people I'm aware of. Seems like it would be a fun evening. Not too educational as far as transplant is concerned..... Anyway, just an idea. I think our goal is to get more people to attend the meetings and just be together with our "transplant community". **Carole Graham, Caregiver**

In regards to the community view question that you presented, I'd have to say that I greatly enjoyed the presentation by Jessica Osserman. She was extremely informative and, best of all, she brought in examples and samples of food right out of the supermarket and we easily joined in an open discussion. I prefer the open group discussions where audience members feel free to get involved and share their own stories and experiences because then it is more of a conversation than anything overly formal, which can come off as a bit mundane. In the future, it would be great to see presentations that touch upon insurance issues, side effects of immunosuppressant medications, and maybe perspectives on living donors or even a presentation from caregivers. We so often hear about the transplant experience through the transplant recipient, but living donors and caregivers are heroes as well. **Mary Wu, Kidney Transplant Recipient**

As a Participant in TSO since 1998 and a Board Member for many years I have heard many programs. I think the programs that we found informative were discussions by the Participants. My late husband Dan always said about TSO that we learned from each other. Programs that included Doctors were always well received especially Dr. Delaney. **Suzane Sadofsky, Caregiver**

My suggestion for future topics would be to perhaps have one meeting during the year where people who are waiting for transplants are specifically invited to meet the members and ask questions regarding their experiences with the whole transplant process. Maybe some of the area transplant centers can post something in their waiting rooms, etc. I know that Westchester has a bulletin board in theirs, maybe others do to? Montefiore Medical Center in the Bronx has a large kidney transplant center and has recently become certified as a liver transplant center as well, so maybe TSO can advertise there if they haven't already. This would be a way to spread awareness as well as gaining a few more members. I realize that TSO is mainly for those of us post transplant and I'm not at all suggesting that it change, but I find that a lot of people really need some sort of support group pre-transplant as well. For the 4 1/2 years from diagnosis thru transplant, I was lucky enough to have found an on-line forum that was a great help to me, not only with emotional support but for gaining information as well. **Gerard Marinaccio, Liver Transplant Recipient**

We really appreciate your input.

ON BEHALF OF TSO AND ALL THE BOARD MEMBERS WE WISH YOU ALL A HAPPY AND HEALTHY NEW YEAR!

Help Promote Donor Awareness License Plate Frames For Sale

\$ 10.00 each 2 for \$ 18.00 3 for \$ 25.00



LPF 1 Top: Make a Miracle
Bottom: Be an Organ Donor

LPF 7 Top: Transplantation Works
Bottom: Lung Recipient

LPF 2 Top: Miracle Maker
Bottom: Kidney Donor

LPF 8 Top: Transplantation Works
Bottom: Liver Recipient

LPF 4 Top: Organ / Tissue
Bottom: Donor Family

LPF 9 Top: Transplantation Works
Bottom: Heart Recipient

LPF 10 Top: Transplantation Works
Bottom: Kidney Recipient

Name _____

Address _____

City, State, Zip _____

Phone _____

Frame(s) desired _____

(add \$2.00 for postage and handling)

Send order with payment to: TSO, 1154 Webster Ave. New Rochelle, NY 10804

Directions to the Monthly Meeting

Congregation Sons of Israel
1666 Pleasantville Rd.
Briarcliff Manor, NY

From New York City, George Washington Bridge

Take Henry Hudson Parkway North to Saw Mill Parkway North. Continue to interchange with Taconic Parkway North. Bear RIGHT onto Taconic Parkway. Exit RIGHT at Route 9A/100. Stay on Route 9A. Make a LEFT at the second traffic light (Chappaqua Road). Road will bear right and become Pleasantville Road. Get into the LEFT turning lane to make a LEFT turn into CSI.

From Tappan Zee Bridge

Cross bridge, stay to right, follow signs for Saw Mill River Parkway North (Exit 8A) and follow directions above.

From Long Island, Connecticut, Southern Westchester

Take Cross Westchester Expressway(287) West to Exit 3 ("Sprain Parkway North, New York City, to Taconic Parkway"). Take this exit and continue straight up the ramp to Sprain Parkway North. DO NOT make a quick right, marked to New York City. Follow Parkway North approximately 5 miles to interchange with Taconic Parkway and follow directions above.

From Upstate New York

Take Taconic Parkway South to Routes 100/133, Briarcliff exit. Cross over Route 100 and follow Route 133 to second traffic light (about 3 miles). Make a left onto Pleasantville Road. Continue approximately one mile to CSI on RIGHT.



TSO Transplant Support Organization

Participant Application: New Renewal

Please fill out this form and mail it with your tax-deductible contribution to:
TSO, PO Box 2712, Briarcliff Manor, NY 10510-2712

NAME(s) _____

Mailing Address: _____

Phone #: Daytime: _____ Evening: _____ Cell: _____

Email: _____

PERSONAL INFORMATION (optional)

Birthdate: _____ Sex: _____ Marital Status: _____

Occupation: _____

CANDIDATE / RECIPIENT INFORMATION — Please check appropriate description

Transplant Recipient _____ Transplant Candidate _____ Family Member _____

Donor Family Member _____ Interested Individual _____ Professional _____

Have you already had a transplant? Yes _____ No _____

Type of Transplant(s) _____

Date of Transplant _____ Time waited (or waiting) _____

Where did you (will you) have your transplant? _____

PARTICIPANT CATEGORIES & SUGGESTED CONTRIBUTIONS

Regular (Transplant recipient, transplant candidate, family member, donor family)

Individual Participant \$25.00

Family Participant (2 members, same address) \$35.00

Additional participants at same address \$10.00 each

Professional (Surgeon, Physician, Clinical Coordinator, Nurse, Social Worker, etc.) \$25.00

Additional optional voluntary contribution (at your discretion) \$ _____

I would like to take an active role within TSO (please check all areas of interest):

Speaker _____ Membership Drive _____ Fund Raiser _____

Clerical _____ Contributor _____ Patient & Family Support _____

Newsletter _____ Data Processing _____ Other _____

TSO
Transplant Support Organization
PO Box 2712
Briarcliff Manor, New York 10510

NEXT MEETING — January 20, 2010



Goodbye Glenna. We'll miss you! From left: back row: Richard and Karen Farkas, Carole and Jeff Graham, Susan Sadofsky, Helen Bellhouse, Janet Ocasio, Anita Powers, Carol Dowd, Jack Powers, Rudy and Ally Masry. Front row: Helen and Len Andrew, Glenna Epperson Smith, Jim Dowd, Carol and George Johnson.

Transplant Support Organization's Mission

To help save lives by:

- ***Providing*** education relating to organ donation and transplantation;
- ***Promoting*** organ and tissue donation as an important social responsibility;
- ***Giving*** support to transplant candidates, recipients, their families and donor families;
- ***Effectively*** communicating to government bodies and the general public, the concerns and needs that affect the welfare of those individuals impacted by the transplant process.