**Organ Transplant Support Group - Contact Form**

*Please fill out the form below to join our organ transplant support group. Your information will remain confidential and used only for group communication purposes.*

**Personal Information**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organ Transplant Information**

* **Organ Transplanted or Receiving:**
☐ Kidney
☐ Liver
☐ Heart
☐ Lung
☐ Pancreas
☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Goals for Joining the Group**

*(Please check all that apply)*
☐ Emotional support
☐ Connect with others who have had a transplant
☐ Share my journey and help others
☐ Learn about post-transplant care and wellness
☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Comments**

*(Is there anything else you'd like to share?)*

**Thank you for signing up!** We will reach out to you soon with more details about our group meetings and resources.