



Trillium Gift of Life Network  
 157 Adelaide Street West, Suite 606  
 Toronto, Ontario M5H 4E7  
 Ph: 416-619-2342 or 1-888-977-3563 (1-888-9PRELOD)  
 Email: prelod@giftoflife.on.ca



## Program for Reimbursing Expenses of Living Organ Donors – PRELOD Travel Support Letter

*Complete only if travelling from outside of Ontario*

Date: \_\_\_\_\_

**Attention: PRELOD Administrator**

Re: Name of Living Organ Donor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number Street Apt. No.  
 \_\_\_\_\_  
City/Town Province Postal Code Country

To Whom It Concerns:

\_\_\_\_\_ has come forward as a potential living \_\_\_\_\_ donor for  
Living Donor Name Specify: Kidney/Liver

\_\_\_\_\_ who is an Ontario resident. \_\_\_\_\_ resides  
Recipient TGLN ID # Living Donor Name

in \_\_\_\_\_, but is willing to travel to \_\_\_\_\_ for assessment and/or  
City/Town/Province/State/Country Hospital Name

surgery for the intended recipient.

I am writing this letter in support of travel to indicate that \_\_\_\_\_ is  
Living Donor Name

being assessed for, or has been scheduled for donor surgery for the intended recipient.

If you have any further questions, please contact: \_\_\_\_\_ at \_\_\_\_\_  
Name of Transplant Coordinator Contact Number

Sincerely,

\_\_\_\_\_  
Print Name of Transplant Coordinator

\_\_\_\_\_  
Signature of Transplant Coordinator

*Please submit the original copy of this letter in a confidential envelope to:*

**PRELOD Administrator**  
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