



Georgia Transplant Foundation

Enriching Lives Everyday

Selection of Pharmacy

As per my TFP application selection, I, _____, authorize the Georgia Transplant Foundation- Transplant Fundraising Program to use funds in my GTF account to pay the cost of my monthly medications directly to one of their partner pharmacies. I understand that it is my responsibility to monitor the statements of medications received and billed and contact the pharmacy directly with any concerns.

I elect to receive my medications and have my account assessed only by the following pharmacy.

(Choose only one)

Community: A Walgreens Pharmacy

Encompass Rx

Synergen RX

Print Name

Date

Signature

Transplant Date