

Kidney Transplantation at UI Health

ABOUT KIDNEY TRANSPLANTATION

What is a kidney transplant?

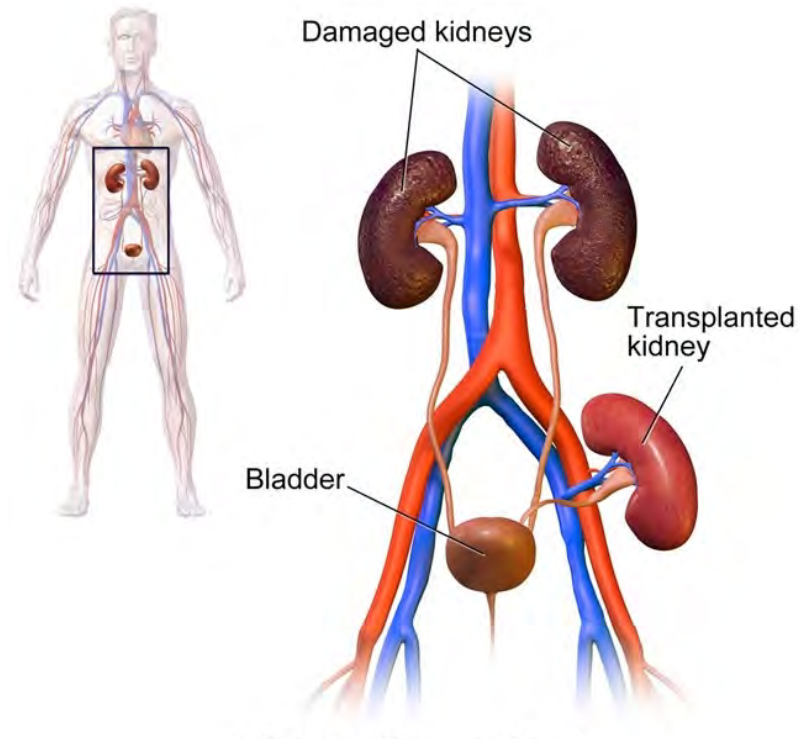
Kidney transplantation is a surgical procedure that places a healthy kidney from another person into your body. This new kidney takes over the work of your non-working kidneys.

Why do I need a kidney transplant?

Many people choose transplant because it is often the best treatment option for kidney failure. You can either get a transplant right away from a living donor, or you may be on the organ waitlist and receive dialysis in the meantime. The sooner you get the transplant, the better. Studies show that those who get a transplant live longer than those who stay on dialysis.

How do I get a kidney for transplant?

The kidney can be donated from a deceased person who registered as an organ donor. You also can also receive a kidney from a healthy family member or friend. This procedure is referred to as living donor transplantation.



Started in 1968 — longest established program in Chicago. UI Health is focused on providing access to advanced care to our diverse community. We are proud to be the program that serves the highest percentage Hispanic and African-American patients.



Dedicated Transplant Specific Team

Our team of experts works closely with you through every stage of your journey — from pre-transplant care to postsurgical monitoring. We are committed to providing patients and their families personalized treatment options for the best outcomes.

Most Options for Living Donation in Chicago

Our program has expertise in several procedures:

Robotic Transplantation/Donation.

“Kidney Swap” for patients with blood-type incompatibilities.

Most Options for Medically Complex Recipients

Our program has expertise in caring for patients with morbid obesity, peripheral vascular disease, polycystic kidney disease, and calcified vessels.



ABOUT KIDNEY TRANSPLANTATION (continued)

Why can't I stay on dialysis?

For many individuals, the time spent on dialysis can cause a considerable amount of discomfort and severely disrupt their lives. Receiving a kidney transplant will improve your lifestyle. Dialysis is also very hard on your body. The longer you are on dialysis, your risk of death increases. After only one year on dialysis, the mortality rate is ~20%; after 5 years its 50%.

When can you receive a transplant?

Living donation is the preferred method of transplantation. If you have a healthy living donor, we will immediately begin the evaluation process for you and your donor. This process should take 6 weeks, if you and your donor follow all the instructions promptly.

If you don't have a donor but the medical evaluation shows that you are a good candidate for a transplant, you will be put on the national transplant waitlist to receive a kidney from a deceased donor. The average wait time for a kidney from the waitlist is 3-5 years.



KIDNEY TRANSPLANT PROCESS & WHAT TO EXPECT

Receiving a transplant can be scary and overwhelming. We understand you have a lot of questions.

Our team is here to help provide you with all the information you need and guide you through the transplantation process:

- Being Evaluated for a Kidney Transplant
 - Kidney Transplant Surgery
 - Life After Transplant Surgery



Being Evaluated for a Kidney Transplant



GETTING STARTED: THE TRANSPLANT WORK-UP

- **Before you get started**, it's important to have a **primary care physician (PCP)** that you see in addition to us. We do not take the place of your PCP. Your PCP will help ensure you maintain good health through the process, are up to date on routine cancer screenings and physicals and will assist with non-transplant related medications and follow ups. ***If you don't have a PCP, please ask your nurse coordinator for recommendations.***
- The transplant work-up process requires you to be **very** engaged in your own care. We expect you to work with us to complete the evaluation in **6-12 weeks**.
- The longer your evaluation takes, the longer it takes to get you on the waitlist for a new kidney and the risk of tests expiring and needing to be repeated increases.



- Our bilingual staff works one-on-one with you during the work-up process to schedule your needed appointments. **It is important to get your testing scheduled and completed as soon as you can.**
- You will have several required appointments in order to complete the transplant work-up process and be approved to have a kidney transplant. **Please ensure you are ready for the commitment and have adequate support and transportation.**
- It is important that you attend **all** transplant appointments as scheduled and do not miss or postpone appointments. If you miss or reschedule 3 or more appointments, **there is a chance you might be denied for transplant.**
- Receiving a new kidney is an amazing gift, but it does require a lot of effort to keep it working well. We need to see that you are serious about the process and ready to take control of your health during the evaluation process!



TRANSPLANT EVALUATION STEPS

Patient Registration

Phone Screening with Nurse Coordinator

Financial Clearance/Insurance Check

Consultation with transplant team

Medical work-up

IMPORTANT TESTS FOR TRANSPLANT WORK-UP

Transplant Labs

- Bloodwork
- Blood type/ Compatibility testing

Cardiac Evaluation

Radiology Testing

Annual Health Maintenance Screenings- **Please schedule these NOW with your PCP**

- Colonoscopy patients over age 45
- Gynecological Evaluation/pap smear (women)
- Recent Mammogram (women)
- Recent PSA (men)

Other medical consults

- As recommended

PATIENT SELECTION FOR KIDNEY TRANSPLANTATION

Potential reasons you may not be a candidate for kidney transplantation:



- Active cancer or cancer in the last 5 years.

- Severe heart disease.



- Poorly controlled mental health diagnosis or active substance abuse.

- Noncompliant behaviors (consistently missing appointments, missing medication refills and/or not taking your medications, missing dialysis etc.)

- Morbid obesity (case by case). Patients with a BMI over 40 will be reviewed by the surgeons to ensure it's safe to have a transplant. *Some high-risk patients may require weight loss interventions before they can continue their transplant evaluation.*

Kidney Transplant Options



KIDNEY TRANSPLANTATION OPTIONS

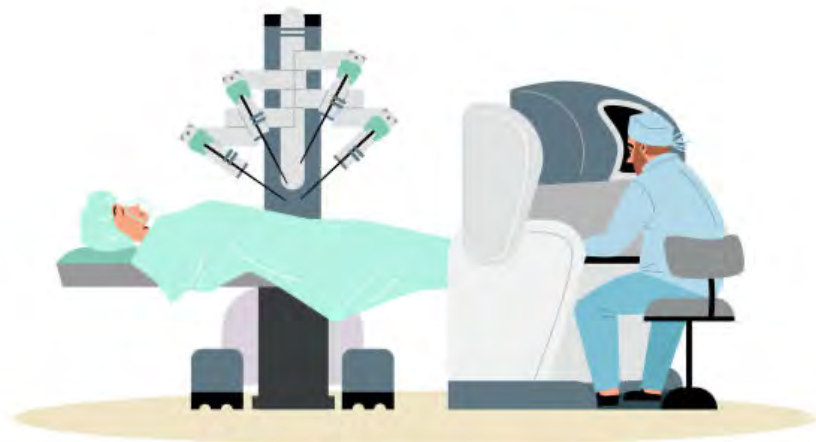
Living Related Donor This refers to a living donor who is a healthy blood relative of the person awaiting transplant. This could be a sibling, parent, child, aunt, uncle, cousin, among others.

Living Unrelated Donor This refers to a healthy person who is emotionally close to but not blood related to the person awaiting transplant. This includes one's spouse, in-laws, and close friends. A living unrelated donor also may include a good Samaritan or someone involved in a paired kidney donation or donor chain.

Deceased Donor Kidney Transplant Patients with advanced kidney disease, who do not have the option of a living donor transplant, join the waiting list for a kidney from a deceased donor.

TRANSPLANT FOR OVERWEIGHT/OBESE PATIENTS

- Through robotic surgical techniques, we have been able to provide kidney transplants for patients with moderate obesity who may not be eligible for transplantation at other medical centers.
- Most centers do not transplant morbidly obese patients due to the high risk (40% chance) of a post surgical infection. Using the robotic approach, we reduced the infection rate to less than 4%.
- Robotic surgery allows for smaller incision= less chance of infections after surgery!



Not all morbidly obese patients will qualify for robotic surgery, but this will be determined during your evaluation

SPECIALIZED MUSCLE THERAPY PROGRAM

Who Qualifies?

- Patients with chronic kidney disease
- Patients after kidney transplant
- Patients who suffer from pain, fatigue, or lower energy levels

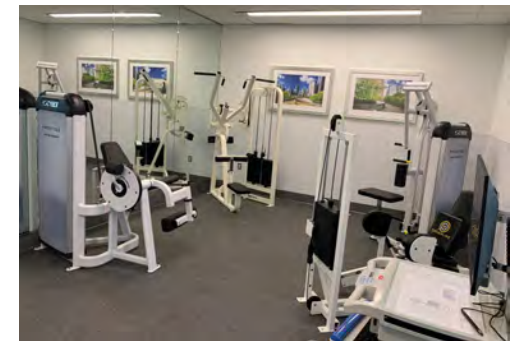
What does the program entail?

- 2 days a week of free, personalized, one-on-one exercise trainings
- The program is meant to help **reduce pain, increase strength, reduce fatigue, and increase physical function** WITHOUT feeling tired out after

Where?

-SCB 1009 S. Wood street, 2nd Floor (right by the transplant clinic)

If interested in hearing more, please let your coordinator know!



Living Donor Transplant



What's a Living Donor Transplant?

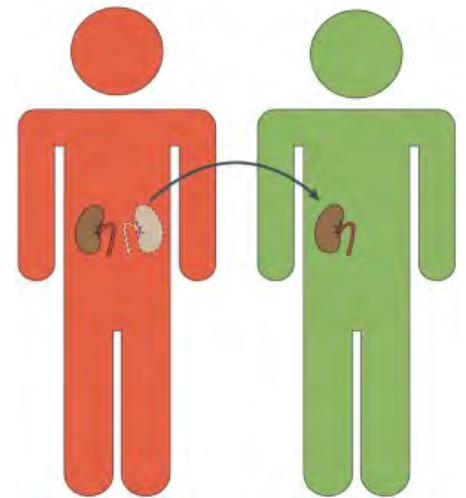
A living donor transplant is when a healthy, living individual donates one of their kidneys to someone in need. This is the preferred method of kidney transplant.

Who can be a Living Donor?

The living donor could be:

- Family member (parent, child, sibling, significant other/spouse, aunt/uncle, niece/nephew, cousin)
- In-law
- Friend
- Religious group member
- Good Samaritan/Anonymous donor

*The donor must be 18 years or older. There is no maximum age, however, the donor must meet all health requirements.



The donor does not have to live in Chicago, we have had donors come from other states and countries as well!

BENEFITS OF A LIVING DONOR TRANSPLANT



Shorter Wait Time

Living donor transplants can take place much sooner and can be scheduled when it is convenient for you and your donor. **The average waiting time for a deceased donor kidney is 3-5 years.**



The Kidney Functions Better and Longer

An organ from a living donor functions better and lasts longer than deceased donor organs. **The average lifespan of a Living donor kidney is 12-20 years whereas a deceased donor kidney is 8-12.**



Improved Life Expectancy

The longer you are on dialysis, your risk of death increases. **After only one year on dialysis, the mortality rate is ~20%.**



Lower Rejection Rate

Living donor kidney transplants offer a lower rejection rate than one from a deceased donor.



Quicker Recover Time

Generally, living donor recipients recover faster than those with deceased donors.

LIVING DONOR EVALUATION

What does someone need to do to be a living donor?

- Your potential donor will need to speak with a transplant registration specialist. They will then be screened by a nurse who specializes in working with living donors. If they seem to be eligible to be a donor, they will be scheduled to come in for an evaluation to make sure they are healthy enough to safely donate.
- **Donors can complete their entire evaluation in only 1-2 days!**



The donor evaluation involves:

- **Meeting the team** (Surgeon, Nephrologist, Nurse, Dietitian, Social worker and Living donor advocate)
- **Blood work** to see if they are a match with you and to make sure they are healthy
- **A kidney function test** to make sure it's safe for them to donate
- **A CT scan** to visualize their kidneys
- **Cardiac testing** to make sure their heart is healthy
- **Chest X ray** to make sure their lungs are clear
- Making sure their routine **cancer screenings** are up to date (pap smear, mammogram, colonoscopy, etc).

What is life like after donation for a kidney donor?

- Your donor's life can be completely normal after donation, if they take good care of themselves! People live a long healthy life with one kidney; the single kidney they have left will increase in size to compensate for the loss of the donated kidney.
- They can return to all their normal activities after about 6 weeks.
- Donating a kidney does not increase the donor's risk of kidney failure.
- We will follow the donors for 2 years after donation, periodically doing telehealth calls and blood work, but we encourage donors to have primary care doctors they follow up with lifelong.

Does my donor need to pay for the surgery or evaluation?

- No! The donor will not pay for anything related to the donation process. This is covered by your insurance or other kidney donor funds.

Is there any assistance available for kidney donors?

- Kidney donors may qualify for donor assistance through the National Living Donor Assistance Center (NLDAC). They will need to work with you to fill out an application to determine if they are eligible.
- Eligible donors can receive financial assistance to help cover costs related to the evaluation and surgery, such as:
 - Transportation costs
 - Lodging costs (if needed)
 - Coverage of lost wages while recovering
- Donors will have a **donor advocate** that works with them along the way to ensure protection of their rights and make sure they understand the process. The living donor advocate will help your donor complete this application.

LIVING DONATION AT UI HEALTH

What if my donor is not a good match for me?

- Sometimes during work-up we discover that your immune system is not compatible with your living donor. We have options to still help you get a transplant even if your donor is not a match with you.
 - **Desensitization:** We use medications to make you more compatible
 - **Paired Donor Exchange:** We are proud to offer paired kidney exchange – or "kidney swap" program

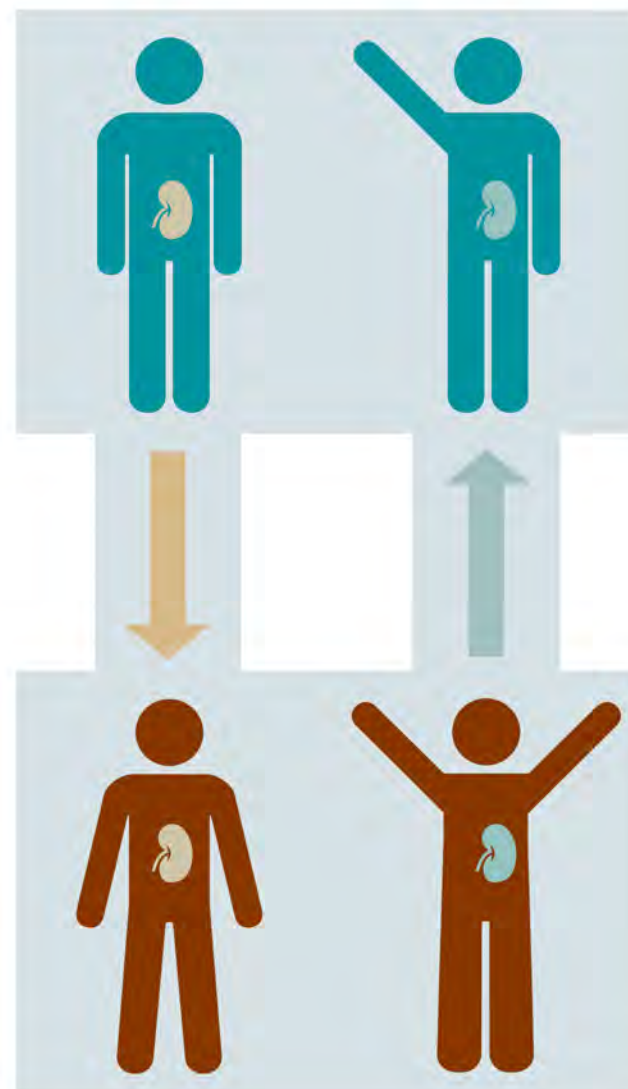


LIVING DONOR TRANSPLANT SWAP

A patient may have a donor, but the two are not compatible.

Similar situation may happen to another couple

We perform a “Donor Swap” to achieve TWO compatible living donations

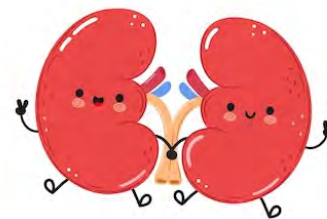


LIVING DONATION AT UI HEALTH

How do I ask someone to be a donor?

- If you feel comfortable sharing your health condition and asking your close friends and family directly if they are interested in getting tested, you can ask them yourself! We will also give you a brochure about kidney donation to take home that you can share with others.
- If you don't feel comfortable asking yourself, you can have an "advocate" that will share your need with others for you. This is often a spouse or child that feels comfortable talking to others for you.
- Some people will share the story with their church or other organizations they are involved with, giving them a number to call to be tested.
- Some people will post a Facebook page about their health journey and need to find a kidney donor.

**You might be surprised at who is willing to come forward to help, so its great to try all these options!
Many people feel thankful that they can help a loved one in their time of need.**



LIVING DONATION TESTIMONIALS



“I donated my left kidney to my Aunt. When I found out my aunt was in need of a kidney I didn’t hesitate because she’s like a second mother to me. It was an amazing experience to have with someone that means so much to me. If I had the chance, I’d do it all over again. I am truly honored to say I’m someone’s hero!”

“I donated a kidney to my dad. From the beginning of the donor process until the end, I did not feel scared. I always felt positivity, hope and love. I was making a difference in my dad’s life. I was able to give back to him and that was my way of showing my dad how much I love him and I would do anything for him. The staff at UIC contributed to me not being afraid because everyone was so supportive and encouraging. The nurses and doctors always had a smile on their faces and they made you feel comfortable. I appreciate everything the nurses and doctors, at UIC, did to ensure my dad and I had the best care. The care and service is still great even 4 months post surgery.”



KNOW SOMEONE INTERESTED IN DONATING?



Two ways to connect with our Bilingual Transplant Registration team:

- Call us at 312-355-1802
- Scan the QR Code to fill out a simple survey and indicate which time works best for them to call you M-F before 5pm

UNOS Waiting List / Deceased Donor Kidney Transplant



GETTING ON THE UNOS WAITING LIST



Once all tests are complete, findings of the work-up are carefully reviewed by our Kidney Transplant Suitability Committee.



You will receive a letter from us verifying the date you were listed and the name of the coordinator you will be working with while on the list.

If you are found to be a candidate for transplant and you do not have a living donor, your coordinator will add you to the UNOS Transplant waiting list.

WHAT DOES IT MEAN TO BE ON ‘THE LIST?’

When you are placed on the “waiting list”, you are entered into the United States’ registry for the organ(s) you need. This registry was created by an act of Congress called the National Organ Transplant Act (NOTA) in 1984.

This registry is maintained by the Organ Procurement and Transplantation Network (OPTN), a federally mandated agency which writes and enforces transplant rules and regulations in addition to maintaining the registry.



The United Network for Organ Sharing (UNOS) is a non-profit organization, contracted by the federal government to manage the day-to-day activities of the OPTN.

Once added to the registry, you will be grouped by blood type. If you are already on dialysis when added, your waiting time started the day you began dialysis. If not on dialysis when added, your waiting time will start the day you are added if your GFR or CrCl is <20.

Strict federal guidelines ensure the fair distribution of organs.

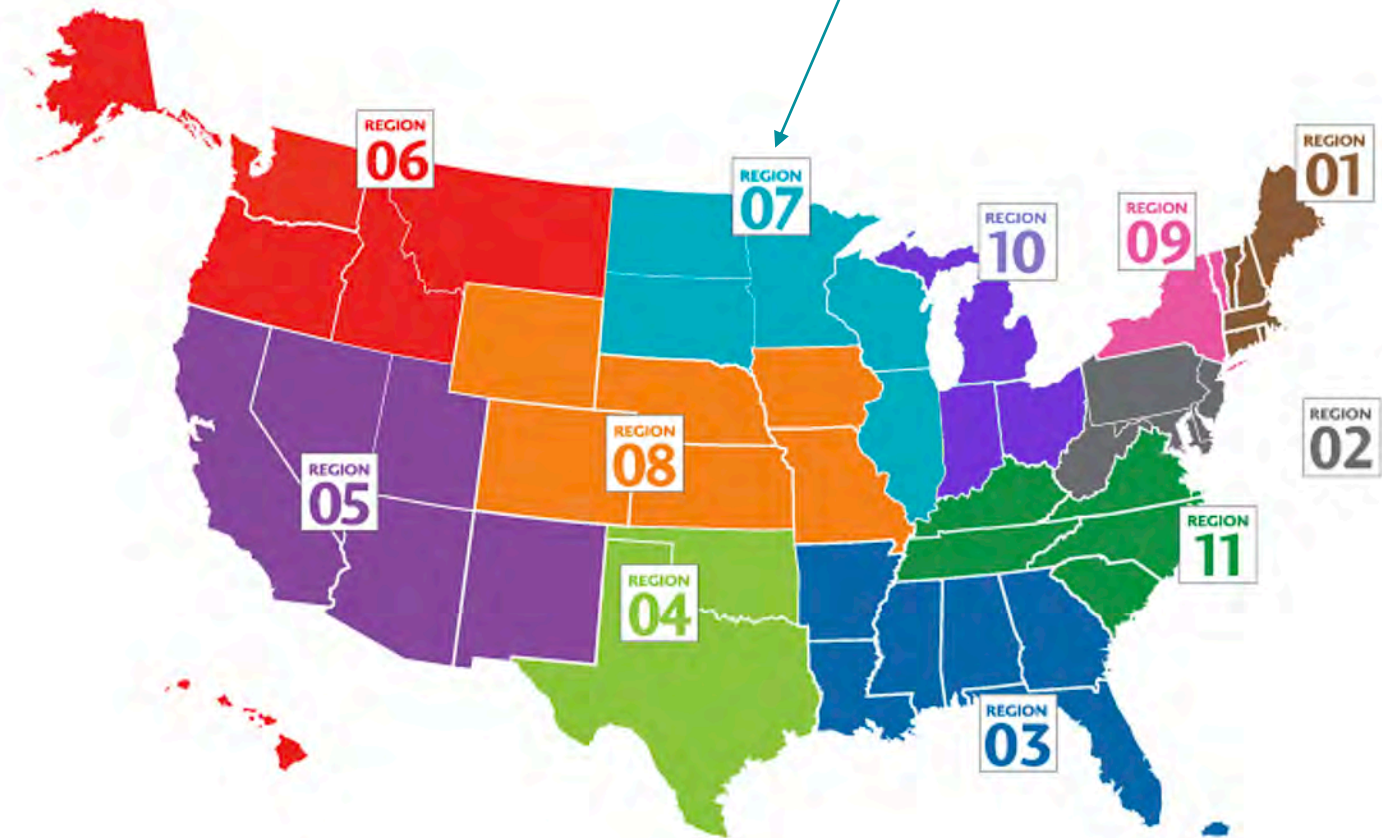
NOTA also created the Organ Procurement Organizations (OPO) for deceased donor organ transplants, these OPO’s coordinate the organ donation process from donor to patient in a specific geographical area. Our local OPO is Gift of Hope, the area which they are responsible for is the northern three-quarters of Illinois and Northwest Indiana.

Because of the way donor organs are matched with recipients, it is impossible for us to tell you where you ‘fall’ on the registry.

UNOS: UNITED NETWORK FOR ORGAN SHARING

Region 7:

Illinois, North & South Dakota,
Wisconsin, Minnesota



WHAT TO DO WHILE WAITING?



- Stay healthy!
- **Do NOT** miss your dialysis treatments
- **Do NOT** cut your dialysis treatments short
- Refill and take your medications
- Ask questions about your medications and side effects
- Follow your diet
- Call your nurse coordinator if you are ever hospitalized or change insurance
- Attend your annual waitlist update appointments
- Make sure you have your Gift of Hope monthly blood draws.

If you do not have your blood drawn and sent to Gift of Hope once a month, it may result in you losing a chance to receive a kidney.

DURING YOUR WAITING TIME...



- Your waiting time depends on how long you have been on dialysis. The average wait time for a deceased donor kidney in Illinois is 3-5 years
- Your waitlist nurse coordinator will schedule you for an update appointment every 6 – 12 months
- Please confirm a caregiver and reliable transportation in advance.



- We are here to help! **We encourage you to call us** if you do not hear from us or if you have any questions. It is also very important to let us know if you:
 - change your dialysis unit
 - change your insurance
 - have any hospitalizations or surgeries
 - have changes in health and medications
 - receive a blood transfusion
 - change your phone number
 - plan to travel out of state/country

ACCEPTING A DECEASED DONOR KIDNEY



- You could be called in at **any time** for a kidney transplant, day or night
- When contacted by the procurement coordinators with an official organ offer you have **30 minutes to accept/ refuse**
- **If we are unable to contact you, we will have to pass up the organ offer for you.**
PICK UP YOUR PHONE!

Important information about the organ will be discussed with you at this time. They will tell you what time you need be at the hospital.



What to bring to the hospital?

- Insurance information
- Valid/non-expired ID upon arrival
- All of the medications you are taking



Additional Options



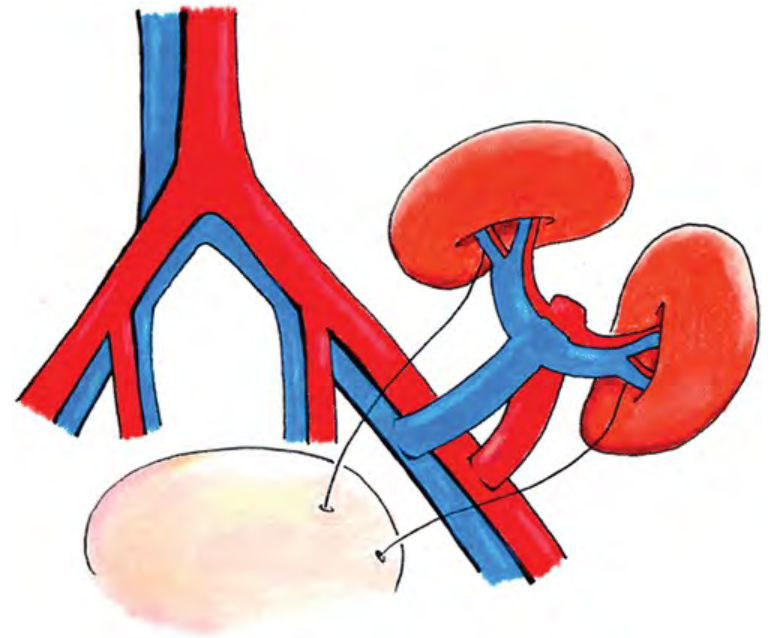
Additional Options

- In the US, we have more people that need a kidney than there are available kidneys. There are over 100,000 people on the waitlist for a kidney. This is why wait times can be 3-5 years
- When you are on the waiting list, there are some additional options that **might** help you to get called in for a kidney transplant sooner.
- These are alternative kidney options that do not fall into the “traditional” kidneys offered. It is completely your choice to accept or deny these options. They include:
 - **Pediatric En Bloc kidney**
 - **Dual (or 2-for-1 kidney)**
 - **High KDPI Kidney**
 - **Hepatitis C Positive Kidney**

PEDIATRIC EN BLOC KIDNEY

En Bloc kidneys are two small kidneys from a baby

- Since these kidneys are small, one would not be enough to clean the blood of an adult, but two can.
- These kidneys will grow with you and you will eventually have two adult size kidneys. This means the function also improves with time.
- Only patients under 80kg (176 lbs) qualify for this option.

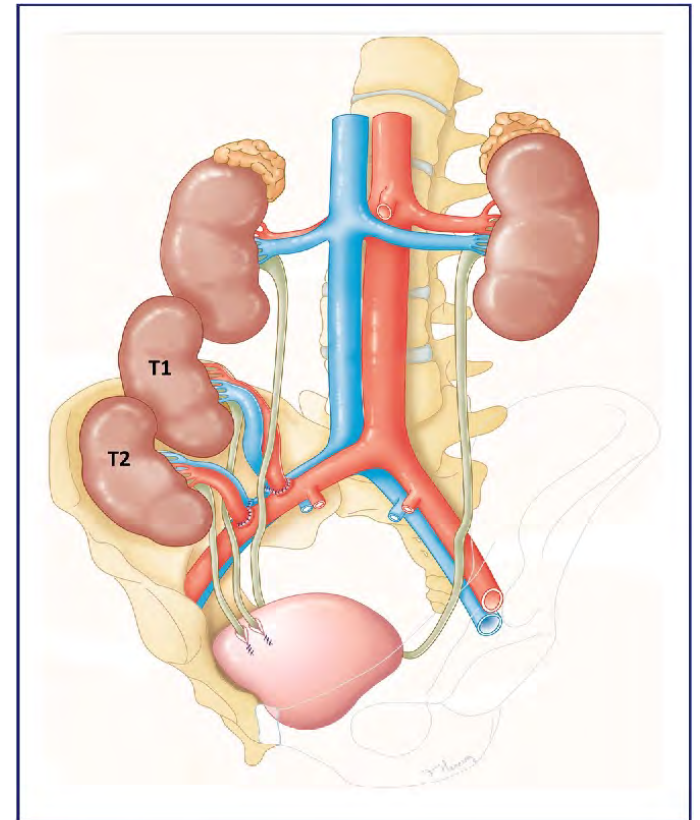


DUAL KIDNEY

If a deceased donor was older, had diabetes and/or high blood pressure, one of their kidneys might not have enough function to be used for a transplant, however, if you receive both of their kidneys it can provide similar function to one young healthy kidney.

This option is called a Dual Kidney, or a 2-for-1 kidney. You would receive 2 kidneys (placed near each other) that function equal to one healthy kidney.

Only patients under 90kg (198lbs) qualify for this option.



HIGH KDPI KIDNEY

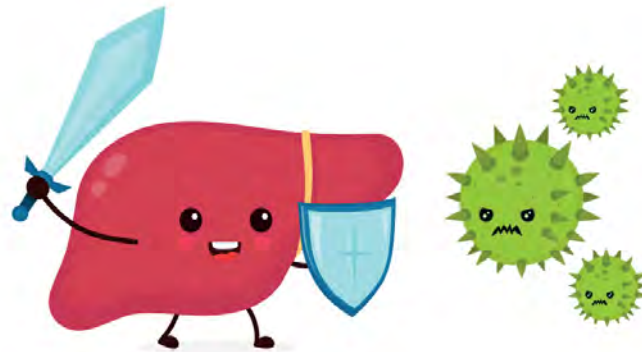
- The Kidney Donor Profile Index (KDPI) is a scoring system used for deceased donor kidneys to summarize how long a kidney is likely to function after transplant. The traditional kidneys that are transplanted have a KDPI of 0-85%. The lower the score, the longer the kidney is expected to last.
 - For example, a kidney with a KDPI score of 1% is expected to last for 11 years, whereas a kidney with a KDPI of 95% is expected to last 5 years.
- A high KDPI kidney is a kidney scoring from 86% to 100%, so they will likely not last as long as a traditional kidney

Your nephrologist will discuss with you if they think you would be a good candidate for this type of kidney



HEPATITIS C POSITIVE KIDNEY

- This is a kidney from a deceased donor that had Hepatitis C (Hep C). If you receive this kidney, you will likely contract Hep C yourself.
- Medications that **cure** Hep C are available so if you accept this type of kidney, you will be treated. The cure rate for Hep C is > 95%.
- There are some side effects to the medication the nephrologist will go over with you.



Life After Transplant Surgery



HOSPITAL STAY

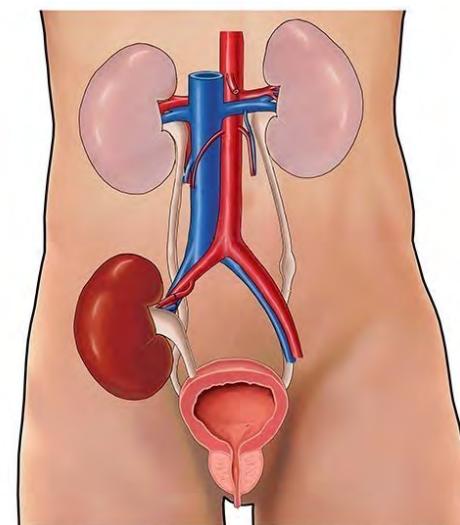


- **Recipient**
Approximately 4-6 days
- **Donor**
Approximately 1-2 days
- **Pain is managed** by the transplant team and transplant pharmacists
 - Pain is EXPECTED and the goal is not to eliminate pain completely
- The Transplant Team “rounds” on all patients early in the mornings. We encourage patients and caregivers to ask questions and participate. An Advanced Practice Provider is available during daytime hours to answer questions or concerns.

Getting up and moving is vital to your recovery!

DISCHARGE AND FOLLOW UP

- **Our inpatient nurses, providers and pharmacists will meet with you and your caregiver(s) before you are discharged to make sure you understand the plan of care.**
- **Frequent lab draws and visits in our SCB Transplant Clinic are critical to the health of your new organ!**
- After you are discharged, you will be scheduled to come to clinic 1-2 times a week for a MD visit and blood work. This allows the doctors/nurses to monitor your medication levels to make sure your body is not rejecting the new kidney. These visits will decrease as your body gets adjusted to your new kidney.
- Rejection episodes can happen anytime. It is important that we catch them early so we can give you medication that would reverse rejection.
- Transplant pharmacists are available in the clinic to answer questions.
- **2 – 4 weeks after surgery, you will likely need to come back in for an office procedure to remove the stent that was put in your ureter.**



PARKING AND HOUSING RESOURCES (UI HEALTH PUBLIC WEBSITE)

For parking options and instructions go to website:

<https://parking.uic.edu/ui-health-patients/>

For housing accommodations to choose from go to website:







<https://hospital.uillinois.edu/patients-and-visitors/visiting-a-patient/accommodations>

The [Illinois Medical District \(IMD\) Guest House](#) helps ease the burden of caring for a loved one by offering convenient, affordable temporary accommodations to patients receiving treatment at UI Health and their families.

Located 1933 W. Polk St., on the campus of the University of Illinois at Chicago, within walking distance of the UI Health Hospital & Clinics.



MEDICATION & POST-TRANSPLANT CLINIC INSTRUCTIONS

-  It is important that you and your caregiver learn about all the medications you are taking.
-  You must take your medications as long as you have the kidney. Let your post-transplant coordinator, pharmacist or MD know about any side effects.
-  Post transplant clinic visits are 1-2 times per week for the first 4-6 weeks.
-  Patients must have blood drawn before each clinic visit so they can be reviewed by the team during your visit.
-  Stay in touch with your primary care provider for non-transplant related care!
-  When you reach 6-12 months post transplant, our goal is for you to transition back to your primary nephrologist for continued care.

follow
instructions
carefully

TYPICAL POST TRANSPLANT CLINIC VISIT SCHEDULE

TIME POST TRANSPLANT	CLINIC VISITS
<3 weeks	2 times per week
4 – 12 weeks	Weekly or every 2 weeks
4 – 6 months	Every 2 – 4 weeks
7 – 12 months	Every 4 – 6 weeks
13 – 24 months	Every 2 – 3 months
>2 years	Every 6 months

PATIENT MEDICATION LIST: ALWAYS BRING YOUR LIST WITH YOU TO EVERY APPOINTMENT

Sample Discharge Medication Tool/List

University of Illinois Hospital & Health Sciences System

Discharge Medications for Patient Name

(Transplant Date: Month-Date-Year)

**Updated as of Month-Date-Year **

Medication	Indication	Side Effects	9am	1pm	6pm	9pm
Tacrolimus 1mg capsule	To prevent rejection	High blood pressure & blood sugars, tremors, headache	2 cap			2 cap
Tacrolimus 5mg capsule	To prevent rejection	High blood pressure & blood sugars, tremors, headache	2 cap			2 cap
Mycophenolic Acid 720 mg tablet	To prevent rejection	Diarrhea, nausea, low white blood cells	2 tab			2 tab
Sulfamethoxazole-Trimethoprim (Bactrim SS) 400/80 mg tablet (Change to DS XX-XX-XX)	To prevent pneumonia & urinary tract infection	Sun sensitivity, upset stomach				1 tab
Valganciclovir (Valcyte) 450 mg tablet (Stop XX-XX-XX)	To prevent viral infection	Low white blood cells	1 tab			

Please also sign up for My Chart access to help stay up to date with medications electronically

LIFE AFTER TRANSPLANT



- May return to work in 3 months or sooner if permitted by your transplant nephrologist
- Most can drive after 1 month
- No lifting more than 10 lbs for 1 month
- Avoid contact sports
- Increase physical activity by participating in a walking program
- Ask your post transplant coordinator if you would be a good fit for the Specialized Muscle Therapy Program

WOUND CARE & AVOIDING INFECTION



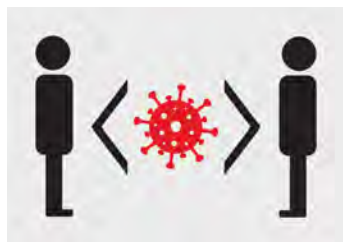
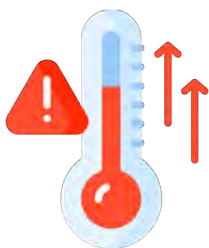
- Frequent hand washing
- Wear a mask in public places
- Avoid crowded places and contact with people who are sick
- Get the seasonal flu shot and other vaccines when available
- Avoid raw or partially cooked meat or seafood
- Always wash fruits or vegetables
- Drink safe water and pasteurized milk
- Do not clean bird cages or cat litter
- Shower with soap and water.
- No tub baths until wound is healed
- Sutures or staples are removed in about 3 weeks

AFTER TRANSPLANT, WHEN SHOULD A PATIENT CALL?



Please call your post transplant coordinator during weekday and daytime hours:

- If you are running out of medications
- If your medications are too expensive
- Before taking medications prescribed by another physician
- Before taking over the counter medications, supplements or herbal medicines
- If there is pain, redness, swelling or drainage at the transplant site
- Fever > 100° F
- Vomiting or diarrhea lasting more than 24 hours
- Blood or blood clots in their urine
- If urine output is decreased or are unable to urinate
- Painful urination
- Scrotal swelling
- Exposure to communicable diseases such as chicken pox, measles or COVID



Our providers are available to assist with urgent/emergent patient issues after hours

WORKING TOGETHER

It is important that you work together with your nephrologist, PCP, dialysis team and transplant team. We want to ensure quality care and assistance throughout this time in your life and beyond.



Please let us know if you have any questions at any time and keep us informed. Your transplant coordinator is your first point of contact. Together we can work to make this a healthy and beneficial process.

You can always reach us at 312.996.6771

Additional information can be found on the following web sites:

UI Health: <http://hospital.uillinois.edu/>

National Kidney Foundation: www.kidney.org

United Network for Organ Sharing: www.unos.org

Scientific Registry of Transplant Recipients: www.srtr.org

Gift of Hope: www.giftofhope.org

ANY OTHER QUESTIONS?



Thank You