



AUTHORIZATION FORM

Please note, quilt memorial squares identifying a donor's last name must be accompanied by written consent from the donor's family (next page).

I, _____, agree to allow Gift of Hope Organ & Tissue Donor Network to reprint all or parts of my story in a statewide publication and/or on the Internet. I contributed a memorial square in memory of

He/She is my _____ (Relationship to donor)

His/Her date of birth _____ Date of death: _____

Your Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Please print my name along with my story in quilt booklets accompanying the quilt and on the Gift of Hope website

_____ Include my city and state _____ Do not include my city and state

_____ Do not print my name. Print only my story.

Signature

Guardian's signature, if under 18 years old

Date

Donor Family Authorization Form on second page.



FOR FAMILY MEMBERS OF DONORS

I consent to the public release of this information by Gift of Hope Organ & Tissue Donor Network identifying the person named above as an organ and tissue donor for the following purposes:
(Please check all applicable)

- _____ Publication in Gift of Hope Donor Quilt booklets, as well as brochures, reports and/or newsletters.
- _____ Media broadcasts, educational videos, publications and literature regarding the Gift of Hope Donor Quilt.
- _____ Presentations related to the Gift of Hope Donor Quilt.
- _____ Publication on Gift of Hope's World Wide Web Internet site.

The undersigned further agrees that:

- Gift of Hope shall not be liable for any publication or broadcast errors;
- Gift of Hope shall retain the exclusive right to approve or disapprove of the extent, format, and manner in which the information shall be released;
- Gift of Hope shall be held harmless from any demands, claims, damages or liability which might arise in connection with the public release of the information related to this consent, including without limitation, libel, slander or invasion of privacy; and
- This consent shall become effective upon execution by the undersigned and shall terminate only upon Gift of Hope's receipt of written notice of termination from the undersigned. Upon receipt of such notice, Gift of Hope agrees not to use the information in any further publications which are not already in print and/or broadcasts or videos already released.

Signature

Guardian's signature, if under 18 years old

Date

CHECKLIST

Did you remember to...

- Enclose the memorial square in a zip-lock plastic bag?
- Include your name, address and phone number on a separate piece of paper?
- Include a 100-word story? *(Optional)*
- Sign the display authorization form?

Mail this form with your memorial square to:

Donor Family Services
Attn: Quilt Project
Gift of Hope Organ & Tissue Donor Network
425 Spring Lake Drive
Itasca , IL 60143-2076