



Donor Family Quilt Release Form

I, _____, agree to allow Transplant Life Foundation to reprint all or part of my story and description of my quilt/square along with pictures of my quilt/square in their publications and/or on the internet. I also allow Transplant Games of America to display my quilt and/or my square at public and professional events which may be captured in the media.

Donor's Name: _____ Donor's Birthdate: _____

Relationship to Donor: _____ Date of Donation: _____

Description of quilt/quilt square:

Yes No Please print my name with my description of my quilt square

Yes No Include my city and state

Your confidential information:

Name: _____

E-Mail Address: _____

Phone Number: _____

Address: _____

City: _____ State _____ Zip _____

By signing this release form you are acknowledging that you've read and understand all of the terms and conditions stated in the Information Guide.

Signature

Date

You must have permission from the donor family to use the donor's name or any pictures of the donor. If you are a recipient, friend, or someone other than the donor's family member and wish to use these things, please submit the following information.

I, _____ (Donors guardian or spouse), agree to allow _____ (quilt creator) to submit a quilt/quilt square with my child/spouse's name, pictures, and other information which will be on display, in memory of _____ (Donor's name).

Your Full Name: _____ Relationship to Donor: _____

E-Mail Address: _____ Phone Number: _____

Signature (Guardian or spouse)

Date

PLEASE EMAIL THIS FORM TO: j.sweedyk@transplantLF.org or fax to: (888) 510-0090