



## Donor Family Quilt Release Form

I, \_\_\_\_\_, agree to allow Transplant Games of America 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:

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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