



AUTHORIZATION FOR RELEASE – DONOR MEMORIAL QUILT

I _____ agree to allow Midwest Transplant Network to use all or part of my quilt square for display or publication purposes. I am contributing this quilt square in memory of _____.

Donor's Name: _____

Donor's City/State: _____

His/Her Date of Birth: _____ His/Her Date of Death: _____

My Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone:() _____

Evening Phone:() _____

Signature: _____

Date _____

Guardian Signature if Under 18: _____

Date: _____