

LONDON TRANSPLANT GIFT OF LIFE ASSOCIATION
655 Oakridge Drive
London, ON
N6H 3G3
519-641-7549 (Phone)
tuckerjane@hotmail.com

CONSENT/RELEASE FORM FOR THE RECIPIENT QUILT

I, _____, (printed name of Recipient **or** Family Member) give the London Transplant Gift of Life Association ownership and possession of the quilt patch, of the required size and stipulations, which will be included in the quilt as well as the submitted write-up and photo, which will be included in an album.

I give the London Transplant Gift of Life Association the authority and my consent for the Association to include my submitted quilt patch, write-up and photo in any event, presentation and also with the media as the Association wishes and sees appropriate.

Dated

Recipient Name (Please Print):

Mailing Address:

Phone number (include area code): _____

Cell Number: _____

Email address: _____

Do you wish to be notified and invited to participate with the LTGOLA events? Yes _____ No _____

Signature of Recipient or Family Member: _____