

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 DONOR QUILT

I, \_\_\_\_\_, (printed name, Donor Family Member **or** Living Donor) 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

\_\_\_\_\_

Deceased Donor **or** Living Donor 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: \_\_\_\_\_

Please check

I am a  deceased donor family member OR

I am a  living donor