

## ORGAN, EYE AND TISSUE DONATION AWARENESS MATERIALS REQUEST FORM

All materials are free of charge, while supplies last and are available year-round. Items can also be requested using our online form via <a href="https://www.lifelineofofohio.org/donationsaves">www.lifelineofofohio.org/donationsaves</a>

Contact Name:			
Religious Organization:			
Mailing Address:			
City:	State:	7	Zip:
Address is (Please circle):	Religious Organization Address	Contact's	Personal Address
Phone Number:			
	during National Donor Sabbath we	·	
donation information at Religious Views Listing "Truth About Donation Sample Newsletter Art Sample E-Mail Notes Sample Power Point Sli	n" 8 ½ x 11 posters (OH and WV v	versions available + a S	
Indicate item and quantity r *Available for West Virginia relig			
NEW IN 2017:	Donation Awareness Kit (Includes	brochures, bulletin ins	serts, a donation poster,
bookmarks an	d donation talking points)*		
Circle which k	cit you want: 50 members	100 members	250 members
Ohio Bulletin	Inserts ()		
West Virginia	Bulletin Inserts ()*		
Spanish Langua	age Ohio Bulletin Inserts ()		
Brochures wit	h Ohio Donor Registry Enrollment	Form ()	
Brochures wit	h West Virginia Enrollment Informa	ation ()*	
Spanish Langua	age Brochures with Ohio Donor Re	gistry Enrollment Forn	m ( )

	II x I7 Poster ()*				
	National Donor Sabbath La	pel Pins ()*			
	Donate Life Bookmark (	)*			
	Donate Life Hand Fans (	)*			
We would like	e the following item(s) to	display:			
Please note that their home addr	we will only deliver these iteress.	ms to a religious organi	ization's address, n	not to a personal contact or	
	Lifeline of Ohio Educational	Display			
	Lifeline of Ohio Donor Qui	lt			
Date(s) of displa	у:			· · · · · · · · · · · · · · · · · · ·	
Religious organiz	zation address:	· · · · · · · · · · · · · · · · · · ·			
These item(s) w	rill be displayed during our wo	orship time:	Yes or No		
These item(s) w	ill be displayed for our health	fair/blood drive:	Yes or No		
We will speak	about organ, eye and tiss	ue donation in our r	eligious service	on:	
A member of our congregation,			, will be sharing their		
experience wi	th organ, eye and tissue d	onation during our r	eligious service	on:	
We would like	e to request a speaker for	the following:			
Day:					
Time:					
	sentation:				
Location of present	sentation:				
Location of present Length of present Number of present Number of present Location (Number of present Location of Present Loca	sentation:				
Location of present Length of present Number of present Number of present Location (Number of present Location of Present Loca	ntation: entations:ected attendees:				

Please complete the form indicating materials you would like and return it to: Lifeline of Ohio, Attn: Lauren Stevens, 770 Kinnear Rd., Columbus, OH 43212 or e-mail your request form to <a href="mailto:lstevens@lifelineofohio.org">lstevens@lifelineofohio.org</a>.

For questions, please call Lauren Stevens at 1-800-525-5667 (Ext. 333)