

## 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:			
Denomination:			
Mailing Address:		· · · · · · · · · · · · · · · · · · ·	
City:	State:	<b>Z</b> iŗ	o:
Address is (Please circle):	Religious Organization Address	Contact's Pe	ersonal Address
Phone Number:			
E-Mail Address:			
Y or N Materials will be used	during National Donor Sabbath week	kend (Two weekends b	pefore Thanksgiving)
<ul> <li>Donate Life Clergy Boodonation information and Religious Views Listing</li> <li>"Truth About Donation</li> <li>Sample Newsletter Art</li> <li>Sample E-Mail Notes</li> </ul>	n" 8 ½ x 11 posters (OH and WV ver icles des (OH and WV versions available)	ns, bulletin statements,	scripture passages,
	reness Kit (Includes brochures, bullet	in inserts, a donation r	ooster.
	d donation talking points)*	г.	,
Circle which k	tit you want: 50 members	100 members	250 members
Ohio Bulletin I	Inserts ()		
West Virginia	Bulletin Inserts ()*		
Spanish Langua	age Ohio Bulletin Inserts ()		
Brochures wit	h Ohio Donor Registry Enrollment Fo	orm ()	
Brochures wit	h West Virginia Enrollment Informatio	on ()*	
Spanish Langua	age Brochures with Ohio Donor Regis	stry Enrollment Form	()

	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	-	ms to a religious organ	ization's address	, not to a personal contact or	
	Lifeline of Ohio Educational	Display			
	Lifeline of Ohio Donor Qui	lt			
Date(s) of displa	ny:				
Religious organi	zation address:				
These item(s) w	rill be displayed during our wo	orship time:	Yes or No		
These item(s) w	rill 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 servic	e on:	
A member of our congregation,			, will be sharing their		
experience wi	th organ, eye and tissue d	onation during our	religious servic	e on:	
We would like	e to request a speaker for	the following:			
Day:					
Time:					
Location of pres	sentation:				
Length of presen	ntation:				
	ntation:				
Number of pres					
Number of pres	ected attendees:			ent Group	

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)