



Authorization for Release — Donor Memorial Quilt

I, _____, agree to allow Midwest Transplant Network (MTN) to use all or part of my quilt square for display or publication purposes. I contribute this quilt square in memory of _____.

I acknowledge that neither I, nor my family members, will receive financial compensation of any type associated with the use, sharing or display of quilt squares that include my loved one's name and/or image. I release and hold harmless MTN from any reasonable expectation of privacy or confidentiality for my loved one listed below so that MTN may continue telling the stories of donor heroes and their families to increase the community's understanding and awareness of organ, eye and tissue donation. Further, I attest that I have full authority to consent and authorize MTN to use my loved one's likeness and/or name, and I agree that MTN's use of these quilt squares confers no rights of ownership or royalties whatsoever.

Donor's name: _____

Donor's city/state: _____

Donor's date of birth: _____ Donor's date of death: _____

My name: _____

Address: _____

City/state/ZIP code: _____

Daytime phone: (_____) _____

Evening phone: (_____) _____

Signature: _____

Date: _____

Guardian signature (if under 18): _____

Date: _____