



ALABAMA DONOR FAMILY QUILT

Legacy of Hope's Donor Family Quilt is an opportunity for donor families to memorialize a loved one. It also helps raise awareness about donation and transplantation. We feel that being able to see a tangible item like a quilt square makes a difference in the lives of the donor families and the people who come to see the quilt.

Since each donor is permitted only one quilt square, please make sure that all family members have input on the design of the square.

Squares are accepted anytime for this ongoing memorial regardless of donation date. We do a quilt pinning at the Life and Legacy Celebration and the Celebration of Life Picnic. Alternatively, you may mail your square and authorization form to Legacy of Hope at:

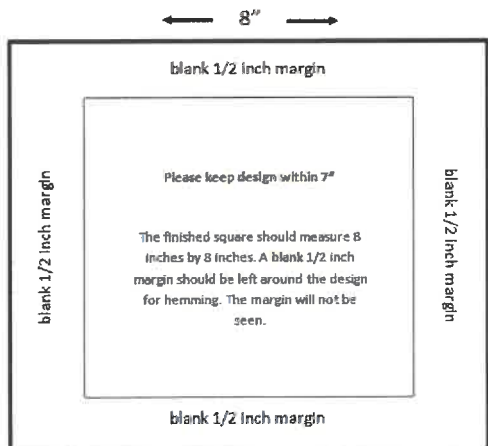
Legacy of Hope
Aftercare Department
516 20th Street South
Birmingham, AL 35233

We make one quilt a year. Please submit squares by December 1st for inclusion in the next quilt. Squares received after December 1st will be held for future quilts.

QUILT SQUARE SPECIFICATIONS:

- The personalized area for each square should measure 7" x 7".
- There should be a 1/2 inch margin around the entire square for hemming. This should not contact the creative work; the margin will not be seen.
- The final square should measure 8" x 8".
- All materials for the square should be dry clean safe.
- Squares not meeting the size guidelines may need modification before including in the quilt.

EXAMPLE – Not to Scale



To see quilt square examples please visit www.legacyofhope.org, click on “For Donor Families” and then click on “Donor Family Quilt”.

SUGGESTIONS FOR CREATIVE AREA:

- The name and dates of your loved one’s life.
- A screen printed photograph of your loved one (not a hardcopy photo).
- A favorite poem or special saying.
- Depiction of hobbies, sports or special interests.
- A section of fabric from a favorite garment, blanket or personal possession.
- An embroidered monogram.

SUGGESTIONS FOR MEDIUMS INCLUDE, BUT ARE NOT LIMITED TO:

- Fabric
- Thread
- Paint
- Markers

STORIES FROM THE QUILT:

You may include a “Story from the Quilt”. These are brief stories that are sometimes used for educational purposes. If you wish, you may include a brief note about your loved one: it should include his/her name, date of birth and death, a little bit about them and the story behind your quilt design. Please keep your note to less than 100 words.

PACKAGING OF THE QUILT SQUARE:

Please bring or mail your quilt square in a sealed ‘Ziploc’ type bag with the following identifying information:

- Name of person being honored
- Date of their birth/death
- Your name, address, phone number
- Chart number (If you know it, please feel free to contact us for the number)
- Story from the Quilt (If you wish) and Authorization Form.

AUTHORIZATION FORM (INCLUDED):

A signed authorization form is **required** to be returned with each square. Without the form, your square cannot be incorporated into the quilt.

If you have any questions, please contact aftercare at:

aftercare@legacyofhope.org or 205-801-7353



Chart Number: _____

QUILT CONSENT FORM/CONSENT TO USE OF INFORMATION

CONSENT TO USE OF INFORMATION:

I voluntarily give my consent for Legacy of Hope’s use for public education/awareness purposes of any information possessed by Legacy of Hope related to my family’s experience with organ donation. Such information shall include photos, recordings, writings and/or other media provided by me or my family. The information may include, but is not limited to, the donor or recipient’s identity and the circumstances leading to donation or receipt of organs and/or tissues as well as the current state of any recipient’s health. I acknowledge and agree the information may be used for news releases, website content, printed brochures, training/educational videos, or other forms of communication without compensation of any kind. I acknowledge I may revoke this consent in writing at any time but such revocation shall not affect actions taken prior to receipt of my revocation.

DONOR FAMILY QUILT:

By checking this box, I acknowledge and agree that any quilt square I provide to Legacy of Hope to be incorporated in the Donor Family Quilt is included in the information that Legacy of Hope is authorized to use for public education/awareness purposes pursuant to the preceding paragraph.

RELEASE OF LIABILITY:

I release Legacy of Hope, its officers, directors, employees, agents, caregivers and its affiliated institutions together with their respective officers, directors, employees and agents from liability to me, my heirs or agents related to sharing or use of information pursuant to this consent agreement.

Signature

Date

Name (Print)

Your Loved One - Name of Donor

Address

Your Relationship to Donor

City/State/Zip

Phone

Email

Please mail or email your completed release to:

Legacy of Hope/Aftercare Dept.
516 20th Street South.
Birmingham, AL 35233

aftercare@legacyofhope.org
Questions or concerns? Please call 205-801-7353 or email aftercare@legacyofhope.org