

# QUILT / PHOTO PUBLICATION RELEASE

I hereby give **LifeShare Of The Carolinas** my permission to use the memorial quilt or pictures of the quilt at special events and in items published by LifeShare or by other designated organizations for public/professional education on organ and tissue donation. The quilt and/or photographs will be used as authorized by LifeShare or its designated organizations.

Your printed name: \_\_\_\_\_

Your signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

Your contact number: \_\_\_\_\_

Donor name: \_\_\_\_\_

Date of death: \_\_\_\_\_