



If you write to your loved one’s recipients, we ask that you please complete this form and send it back to us with your letter(s). This will help us as we pass your letter(s) on to the recipients’ transplant centers.

Your Loved One’s Name _____

Date of Your Loved One’s Death _____

Your Relationship to Donor _____

Letter(s) Included for Recipients of:

Organs (please note which organs) _____

Tissue

Eye

Do you give LifeShare Carolinas permission to use your letter(s) in a public setting such as our website or printed materials as an example of a letter from a donor family member to a recipient? If you agree, all identifying information such as your name and your loved one’s name will be removed to maintain privacy.

Yes, I grant permission for my letter to be used.

No, I would not like my letter to be used.

Signature _____

Printed name _____ Date _____

Please send this form back to us with your letters:

LifeShare Carolinas
Attn: Lauren Wigle
5000-D Airport Center Parkway
Charlotte, NC 28208

OR

Info@LifeShareCarolinas.org

