

Donor Family Services

Supporting families with care,
resources & lifelong connections



Memorial Square Authorization Form

I, _____, agree to allow Gift of Hope Organ & Tissue Donor Network to place my memorial square on a quilt panel that may be displayed at public events, memorials, meetings and/or may be shared virtually.

I contributed a memorial square in memory of

He/She is my _____ (Relationship to donor)

His/Her date of birth: _____ Date of death: _____

Your name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Signature

Date

Did you remember to:

- Enclose the memorial square?
- Include your name, address and phone number on a separate piece of paper?
- Sign the memorial square authorization form?

Mail this form with your memorial square to:

Gift of Hope Organ & Tissue Donor Network
Attn: Donor Family Services
425 Spring Lake Drive
Itasca, IL 60143