

Lions Eye Bank at Albany | Rochester

**REFLECTIONS Donor Family Quilt & Storybook
RELEASE FORM**

I, _____ agree to allow Lions Eye Bank at Albany | Rochester (LEBAR) to include my quilt square on the Reflections local Donor Family Quilt.

My quilt square is in memory of (please print) _____

He/she is my (Relationship to donor) _____

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

___ I have included a submission for the storybook

- Please include (check those that apply) :*
- my name, city and state
 - only my name with my story
 - only my city and state with my story
 - Do Not include any information with my story

___ I agree to allow LEBAR to reprint all or parts of my story for the purpose of educating public and/or professional audiences about organ, eye and tissue donation.

- You may include (check those that apply):*
- my name, city and state
 - only my name with my story
 - only my city and state with my story
 - Do Not include any information other than my story

Your name: (please print) _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ E-mail: _____

Signature Date _____

Guardian's signature, if under 18 years old

Please be sure to include this release form with your quilt square.