



Lions Eye Bank
at Rochester

**LEGACIES OF LIFE local Donor Family Quilt & Storybook
RELEASE FORM**

I, _____ agree to allow Lions Eye Bank at Rochester (LEBR) to include my quilt square on the LEGACIES OF LIFE 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:*
- € 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 LEBR 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:*
- € 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 for education purposes

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.