



## Community Education Materials Request Form for Hospitals and Transplant Centers

Carolina Donor Services partners with hospitals across our service area to raise community awareness of the importance of donation. We are happy to provide materials about donation to your hospital free of charge. Please complete the form below or online at <http://www.carolinadonorservices.org/submit> and let us know how we can help. A CDS representative may contact you so please be sure to include your phone number and email address. Please return completed form to: email - [HD@carolinadonorservices.org](mailto:HD@carolinadonorservices.org), fax – 919-490-0939, or mail – Carolina Donor Services, 3621 Lyckan Parkway, Durham, NC 27707. Please submit requests at least two weeks prior to when the materials/speaker will be needed.

**PLEASE PRINT**

Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**We would like the following materials (don't forget to include quantities):**

*Available materials are pictured and described on the back of this form.*

**Donation Materials:**

- |   |  |
|---|--|
| <p>Quantity</p> <p><input type="checkbox"/> _____ General Information Rack Cards – English (pkg. of 50)</p> <p><input type="checkbox"/> _____ General Information Rack Cards – Spanish (pkg. of 50)</p> <p><input type="checkbox"/> _____ Table Top Rack Card Holder</p> <p><input type="checkbox"/> _____ Say, "Yes." Educational DVD (17 minutes)</p> | <p>Quantity</p> <p><input type="checkbox"/> _____ Donate Life North Carolina Paper Enrollment Forms (pad of 100)</p> <p><input type="checkbox"/> _____ Carolina Donor Services Friends For Life Volunteer Brochures (pkg. of 50)</p> <p><input type="checkbox"/> _____ Donate Life Flag</p> <p><input type="checkbox"/> _____ Carolina Donor Services Partner's for Life Hospital Newsletter</p> |
|---|--|

**Donation/Transplantation Articles:**

*If you check any of the boxes in this section, CDS' Marketing and Events Coordinator will be in touch with you regarding your specialized needs.*

- Donation/transplantation related articles to print in employee newsletter
- Donation/transplantation related articles to print in community-focused newsletter
- Donation/transplantation related articles and links to post on hospital website
- Donation/transplantation related posts for your organization's Facebook page

**Request for Speaker:**

- We would like a speaker for a hospital event.
 

Event Date: _____	Event Time: _____
Event Name: _____	Event Location: _____
Audience Size: _____	Topic of Interest: _____
Additional Information: _____	

**Special Requests or Questions?** \_\_\_\_\_

\*\*\*\*\*

**For Internal Use Only**

- |  |       |               |
|--|-------|---------------|
| Request Form Received (name/date):                               | _____ |               |
| Donation Materials Request passed to (name/date):                | _____ | Filled: _____ |
| Donation/Transplantation Articles Request passed to (name/date): | _____ | Filled: _____ |
| Request for a Speaker passed to (name/date):                     | _____ | Filled: _____ |
| Request Completed (name/date):                                   | _____ |               |