



## Life Anew Program Donor Family Quilt

### Quilting Together Some Memories

Carolina Donor Services (CDS) is pleased to offer you the opportunity to participate in the making of a DONOR FAMILY QUILT. Dedicated to the memory of those who gave the Gift of Life specifically in our service area, each quilt square incorporates pieces of memories into pieces of materials to commemorate the love and life of your loved one. The quilt will be displayed at memorial services and special events. We may also display it at educational programs to help spread the message of organ and tissue donation.

Due to respect and care for the confidentiality of our families, you must only use the first names of the donor being honored. Dates can only include the year. Submitted quilt squares will become the property of CDS. If you would like to contribute a panel to the quilt, please follow the directions below:

- 1. Use a 10-inch square of unbleached muslin, off white cross-stitch fabric or comparable fabric.**
- 2. Leave a 1-inch border around the square without design or pattern so that the panel can be attached to others. Your finished area should be 9 x 9.**
- 3. The design of the panel could include a depiction of a favorite hobby, a religious symbol, toy or occupation. You may also use poems or fabric from a favorite piece of clothing. Appliqué, embroidery and cross-stitch work best.**

Once you have completed your quilt square, please sign the release form below and return it with the square to our office. Include your name, address and telephone number. Our address is: **Carolina Donor Services, 3621 Lyckan Parkway, Durham, NC 27707**. For further information, please call us at (919) 489-8404 or toll-free (800) 200-2672.

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### Life Anew Quilt/Photo Publication Release

I hereby give Carolina Donor Services my permission to use the memorial quilt or pictures of the quilt at special events and in items published by Carolina Donor Services or other organizations designated by Carolina Donor Services for public/professional education on organ and tissue donation. The quilt and/or photographs of the quilt will be used only as authorized by CDS or organizations designated by CDS in a sensitive manner.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_