

Chart No: \_\_\_\_\_

**ALABAMA DONOR FAMILY QUILT  
AUTHORIZATION FORM**

I hereby give my permission for the Alabama Organ Center to reproduce and use the quilt square and the story of my deceased loved one for the purpose of sharing this quilt and increasing awareness about donation. I understand that the Alabama Donor Family Quilt is used for public education/awareness projects for the Alabama Organ Center and their partners. My authorization extends to all projects that benefit organ and tissue awareness and education used by the Alabama Organ Center and their partners.

Your name (Print): \_\_\_\_\_

Your loved one: Donor (Print): \_\_\_\_\_

Your relationship to Donor: \_\_\_\_\_

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

**Mail (do not email/fax) to:**

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