



Oklahoma

Register Your Workplace

Please complete all of the fields below.

Company/Organization:		CEO/Executive Director:	
Mailing Address: City, State, Zip			
Physical Address: City, State, Zip			
Web site:			
Name and Title of Key Contact Person:			
Phone:	Fax:	Email:	
Number of employees in your company/organization in Oklahoma:		Number of employees in your company/organization in the U.S.:	

To help LifeShare serve you better, please complete the following:

We will commit to _____ activities per: <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year
We have chosen to reach every employee with the <i>Donate Life Oklahoma</i> message by (see Action Ideas sheet for further explanation), Select as many as appropriate: <input type="checkbox"/> Electronic Sharing <input type="checkbox"/> Paper Distribution <input type="checkbox"/> On-site donor awareness program <input type="checkbox"/> In-house donor registration drive <input type="checkbox"/> Undecided Other _____ _____
We will also share the <i>Donate Life Oklahoma</i> message with our clients and customers: <input type="checkbox"/> Yes <input type="checkbox"/> No
What method(s) will you use to share the message with customers? (See Action Ideas) _____ _____
Comments: _____ _____

Please review the information you have provided above. A LifeShare of Oklahoma representative will follow-up with you within one week of receipt to discuss tailoring a program for your specific workplace.