



QUILT RELEASE FORM

Your Name: _____

Address: _____

City, State, Zip _____

Phone: _____

E-mail: _____

I understand the quilt square submitted will be incorporated into a quilt that is used publicly for education and donation awareness. If I agree to share my square story, I agree to allow LifeShare of Oklahoma to share all or part of this story with the public through publications and/or on the LifeShare website. My address and contact information will remain confidential. I am contributing a quilt square in the memory of:

Name of Donor _____

His/Her Date of Birth _____

His/Her Date of Death _____

My relationship to the donor _____

Signature _____

Date _____

Mail with your quilt square to:

LifeShare of Oklahoma

ATTN: Aftercare

4705 NW Expressway

Oklahoma City, OK 73132