

## HonorBridge Donor Family Quilt Release Form

**Donor Information:**

Donor's First Name: \_\_\_\_\_ Donor's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

**Next of Kin Information:**

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

Your relationship to the donor: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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

Email address: \_\_\_\_\_

Please tell us something about the quilt square and the person for whom it is dedicated:

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**(Please use additional paper and attach, if needed.)**

By my signature below, I hereby give HonorBridge permission to use my quilt square and/or written memories at events, community presentations, and other occasions authorized by HonorBridge. I also authorize HonorBridge to take photographs and/or video of my quilt square and reproduce them along with my written memories for use on HonorBridge's website, in publications, or for any other use authorized by HonorBridge.

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

When complete, please mail this release form and your quilt square to:

HonorBridge  
Attn: Family Resource Specialist  
3621 Lyckan Parkway  
Durham, NC 27707

You will be notified when your items are received. Be sure to take a photo of your quilt square for your memories.