



An Invitation to Hawaii Donor Families . .



The Hawaii Donor Quilt

The Quilt is a tribute to those who gave the Gift of Life and whose legacies live on.

The Hawaii Donor Quilt honors:

- * Hawaii's organ and tissue donors;
- * Mainland and international organ and tissue donors whose gifts gave new life;
- * Transplant candidates who did not receive a donation in time; and
- * Loved ones who would have liked to have been donors, but could not because of medical or other reasons or because the family was not given the opportunity.

The Hawaii Donor Quilt is perpetual. It will never be completed. It commemorates and encourages organ and tissue donation in Hawaii.

Dimensions: Quilt patches should be 8" square. Allow a 1/2" margin around the entire edge (see pattern on the opposite page), so the finished design should not exceed 7" square.

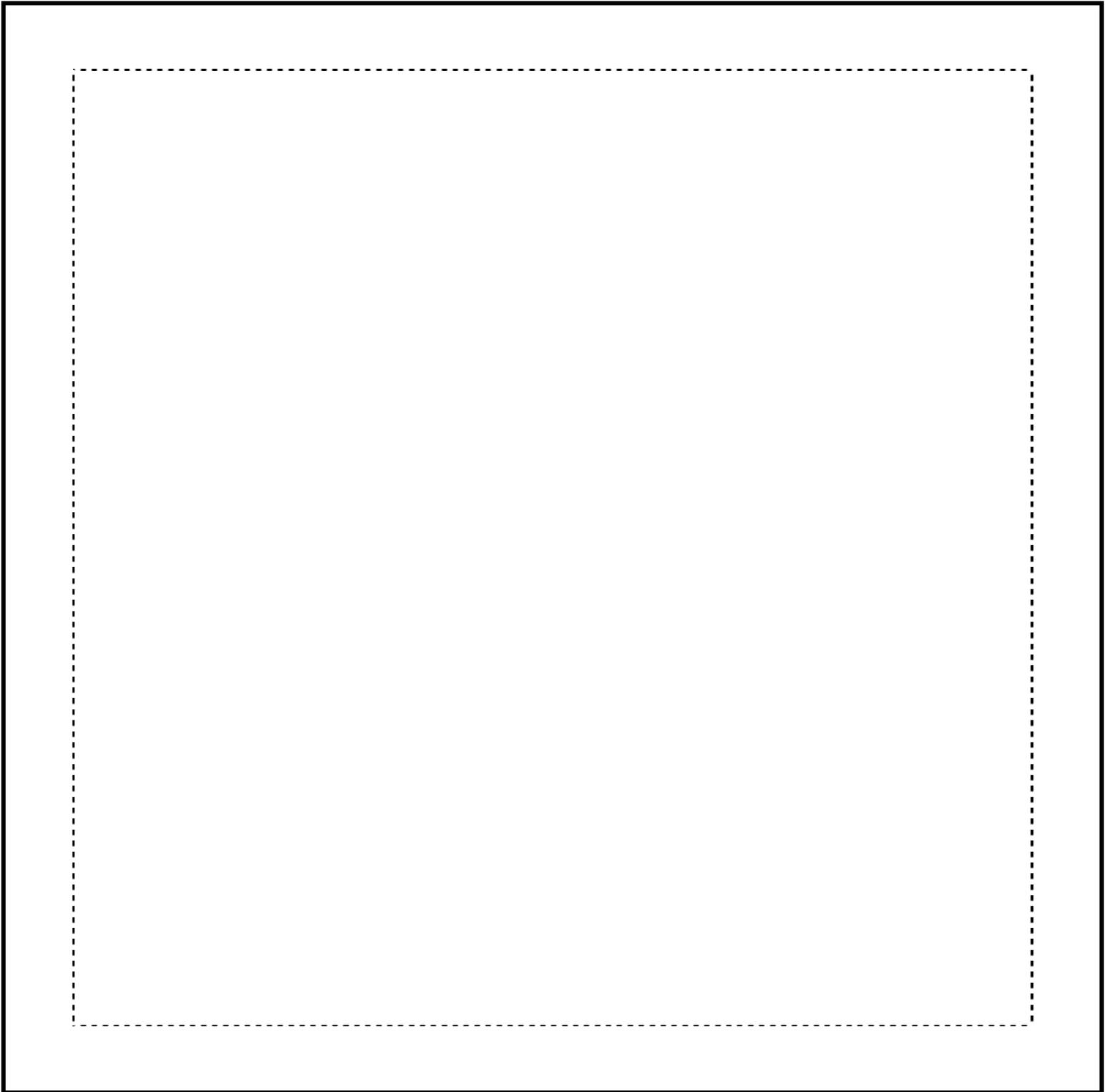
Materials: Any color and any fabric can be used. Thread, crayons, paint, markers, sentimental materials (like baby blankets, high school jackets, and favorite clothes) and special details (such as photographs, poems and symbols) have been used in the square design. Please feel free to include the name of your loved one and dates of birth and death, if you wish.

The National Donor Family Quilt: Hawaii's donor families may want to make a second square for the National Kidney Foundation's National Donor Family Quilt. The same dimensions and suggestions apply.

Pinning Ceremonies: Hawaii families will have the chance to pin their squares onto the Hawaii Donor Quilt and the National Donor Family Quilt during pinning ceremonies. In preparation for these pinning ceremonies:

- (1) You may want to take a picture of your quilt square so that you will always remember your design;
- (2) Please complete the information sheet, including your name, address, telephone number and something about the person the square is dedicated to;
- (3) Enclose the quilt square and information sheet in a zip-lock bag to keep it clean and safe; and
- (4) Call the Hawaii Donor Family Council at 589-5924 for additional information.

Hawaii Lions Eye Bank and Makana Foundation does not endorse any particular individual or group nor is responsible for their actions, ideas or grieving methods.



-- Keep Quilt Design within the Inner 7" Square ---

Complete the Information Sheet, including your name, address, telephone numbers,
and something about the person the quilt square is dedicated to.

Enclose the quilt square, along with the information sheet, in a zip-lock bag for safekeeping.

Contact the Hawaii Donor Family Council at 589-5924 for the
latest information on the next Hawaii Donor Quilt and National Donor Family Quilt pinning ceremony.

The Hawaii Donor Quilt

This quilt square is dedicated to:

Name: _____ Nickname _____

Birth Date (optional): _____ Death Date (optional): _____

Please check one:

- Hawaii organ or tissue donor;
- mainland or international organ or tissue donor with Hawaii recipient;
- transplant candidate who did not receive a donation in time;
- loved one who would have liked to have been a donor but did not have the chance; or
- describe: _____

Your name: _____

Relationship to donor: _____

Your address: _____

Contact Numbers _____

Home: _____ Work: _____ Other (circle) Pager Cell Fax
E-mail (optional) _____ @ _____

Please tell us something about the quilt square and the person it is dedicated to in 175 words or less, for the story which will be on the quilt:

___ Please send me further information about Hawaii Donor Family Council.

___ I agree to have my name and contact number shared with other Donor Family members. Yes/No

By submitting this quilt panel, I understand my story will be publicly displayed at community and public events.

Signature _____ Date _____

Use additional pages if desired. Complete this sheet and enclose with the quilt square in a zip-lock bag for safekeeping.

Thank you for sharing your loved ones story.

Quilt Release Form

I, _____, agree to allow the National Kidney Foundation of Hawaii to reprint all or parts of my letter/article in a national and/or local publication and/or on the Internet.

I contributed a Quilt Square in memory of _____.

Relationship to donor (he/she is my): _____

His/her date of birth: _____ Date of death: _____

Your name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

- Please print my name along with my letter/article.
- including my city and state.
 - not including my city and state.
- Do not print my name. Print only my letter/article.

Signature or Guardian's signature (if under 18 yrs old)

Date

Return this form to:

*National Kidney Foundation Hawaii
Attn: Hawaii Donor Family Quilt
1314 S. King Street #305
Honolulu, HI 96814
Phone: 808.589.5924*