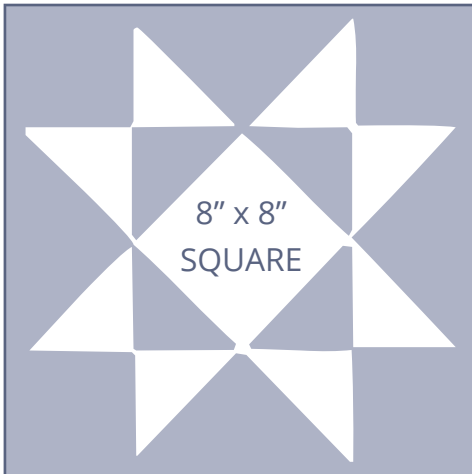# QUILT OF MEMORIES

IOWA DONOR NETWORK

QUILT SQUARE REQUIREMENTS

8" x 8" SQUARE

Allow 1/2 inch margin around the entire square, leaving a 7-inch square for your design

NO NEED TO FINISH THE EDGES

IDEAS FOR DESIGNING YOUR QUILT SQUARE

INCLUDE
photos, poems, quotes, artwork, or special symbols of the donors life

USE
fabric pens, fabric paint, embroidery, or the computer to design your square

MATERIALS
such as a baby blanket, team jersey, favorite t-shirt may be used

OPTIONAL
details such as loved ones name and/or dates of birth and death
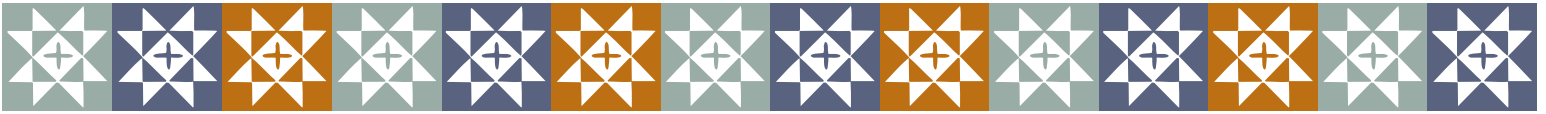
CHOOSE
any color or design you wish

Please return the release form along with your completed fabric quilt square to
Donor Family Care, Iowa Donor Network, 320 Adventureland Dr., Altoona, IA 50009
Feel free to contact us at 855-431-9844 if you have any questions.

For more information about Iowa Donor Network's Quilt of Memories including design inspiration and photos of a finished quilt, visit **IowaDonorNetwork.org/quilt**

DONOR FAMILY RELEASE OF LIABILITY FOR IOWA DONOR NETWORK

PLEASE SIGN RELEASE AND RETURN IF SUBMITTING A QUILT SQUARE

IOWA DONOR NETWORK
DONOR FAMILY CARE
320 ADVENTURELAND DRIVE NW
ALTOONA, IA 50009-4234

As a participant in the Quilt of Memories program, I give Iowa Donor Network permission to use photographs, names, and other family information that I have submitted for donor awareness and commemoration projects. I understand that Iowa Donor Network may use this information for it's website, radio, television and print media on behalf of donation.

I, on behalf of myself, my successors, and anyone claiming through me, do hereby release and hold harmless Iowa Donor Network from any and all claims whatsoever which may arise from any injury, act, or omission relating in any way to my participation in the Quilt of Memories program.

I acknowledge that I have read and fully understand and agree to this release and that no oral representatives, statements or inducements apart from this release have been made to me.

DATE: _____ SIGNATURE: _____

NAME OF YOUR LOVED ONE:_____

THEIR DATE OF BIRTH: _____ THEIR DATE OF DEATH: _____