



ILLINOIS LIBRARY ORGAN/TISSUE DONOR DRIVE INTEREST INDICATOR and MATERIALS REQUEST FORM

Yes! My library would like to schedule an on-site donor drive.

Name of Library: _____

Address: _____

Contact Person: _____

Telephone: _____ Email: _____

Donor drive date possibilities for my library:

First Choice _____ Second Choice _____ Third Choice _____

Organ/Tissue Donor Program staff will contact the person listed above to confirm a date for your library's donor drive.

Materials Requested:

These materials can be provided to your library regardless of whether a donor drive is planned.

Brochures / Quantity: _____
 Advertising Posters / Quantity: _____

Pens / Quantity: _____

Approximate number of visitors expected: _____

Please provide additional information regarding the event to help Organ/Tissue Donor Program staff prepare for the drive:

Is the event in conjunction with another special event? If so, what event?

Do you know a local organ/tissue recipient or donor family member who could attend? Yes No

Would you like a press release template for your local newspaper? Yes No

When completed, please email, fax or mail to:

Illinois Secretary of State
Organ/Tissue Donor Program
Room 451 Howlett
Springfield, IL 62756
Email: sbrill@ilsos.net
Fax: 217-782-9448

For more information, call 800-210-2106 or visit LifeGoesOn.com.