

Quilt Information and Release Form

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: _____
E-mail: _____

I _____, have provided a letter/article in connection with my contribution of a Quilt Square to the Sight Society of Northeastern New York, Inc., (the Lions Eye Bank at Albany) and agree to allow the Sight Society of Northeastern New York, Inc., (the Lions Eye Bank at Albany) to use all or parts of my letter/article in any publication or on the Internet.

When so used;

Please release my name along with my letter/article.

including my city and state.

not including my city and state.

Please do not release my name, only my letter/article.

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

Date

Return this form to:

Sight Society of Northeastern New York, Inc.
Lions Eye Bank at Albany
6 Executive Park Drive
Albany, New York 12203