



Conemaugh Health System Donor Recognition Wall Kiosk Participation

About the Kiosk

The





Contact Information

Please provide the following contact information. If form is submitted by a family member or friend, living donors will be contacted for written permission to use his/her information in the kiosk.

First and Last Name of Individual Submitting Information: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Living Donor Information

Living Donor First Name: _____

Living Donor Last Name: _____

Living Donor Nickname (if applicable): _____

Living Donor Primary Phone Number: _____

* Phone number will not be included in kiosk. It will only be used to contact living donor if this form is submitted by another individual on behalf of living donor.

Living Donor Hometown: _____

Living Donor Gift (What was donated?): _____

Date of Birth: Month: _____ Date: _____ Year: _____

Donation Date: Month: _____ Date: _____ Year: _____

Living Donor hobbies, interests, and additional information to include in kiosk: _____

Please see page 1 of this document to ensure all paperwork is complete prior to submission of information.