

Making a Quilt Square for the National & Local Donor Family Quilts

You have the opportunity to honor and remember your family member by submitting a quilt square for both the National Donor Family Quilt, **Patches of Love** and the local IIAM Quilt.

How to Make a Quilt Square

Please use this pattern when designing your Quilt Square.

Your quilt square must be an 8 inch square.

Your design must fit inside the dotted lines, so that your square can be stitched into the Quilt. Putting together a quilt is like putting together a puzzle. It is important to have squares that are all the same size.

You may use any fabric color or type- including sentimental materials such as your loved one's baby blanket, high school jacket, tie, or favorite sweater. You may use crayons, paint, permanent markers, glitter, thread or any other medium to design the square. You may adorn the square with poems, quotes and symbols of your loved one's life. Feel free to include your loved one's name and dates of birth and death, if you wish. Whenever possible, please sew everything on the quilt square securely (avoid using glue, if possible, since it does not last over time).

Please do not "finish" the square with quilting or backing.

You may want to **take a photo** or make a copy of your square before you mail it, so that you will always remember your design.

You may include a story about your quilt design or what this project means to you. You may send your story with your quilt square, or wait and send it at a later time.

Please enclose the square in a plastic bag and send by **Registered mail** with the **Quilt Release Form** which can be found on the back of this paper to either The National Donor Family Council or to IIAM. Remember you are encouraged to make a square for both quilts.

For more information about either of the quilts or about making a square, please contact:

Angie Dianese
Donor Services Coordinator
IIAM
1232 Mid-Valley Drive
Jessup, PA 18434
570-496-3441
Angie_dianese@iiam.org

National Donor Family Quilt Release Form

Your name: _____
Address: _____
City, state, zip: _____
Phone: _____
Email: _____

I, _____, agree to allow the National Kidney Foundation (NKF) to include a picture of my Quilt patch on www.donorfamily.org. If I am enclosing a story, I agree to allow the NKF to reprint all or parts of my story in national publications and/or the Internet. I contributed a quilt square in memory of _____.

Name of donor _____

His/ her date of birth: _____

His/ her date of death: _____

He/ she is my: _____

i.e., mother, brother, daughter, son

- Please print my name along with my story
- including my city & state
- not including my city & state
- Do not print my name. Print only my story.

Signature _____

Guardian's signature, if under 18 years old _____

Date _____

Enclose the patch in a **zippered plastic bag** to ensure that it arrives clean and safe. Send your patch, Quilt Release Form, and story (if you are enclosing one at this time) by registered mail or insured carrier to:

National Donor Family Council
c/o National Kidney Foundation
30 East 33rd Street
New York, NY 10016
Email: donorfamily@kidney.org
1 800 622-9010

International Institute for the Advancement of Medicine (IIAM) Quilt Release Form

Your name: _____
Address: _____
City, state, zip: _____
Phone: _____
Email: _____

I, _____, agree to allow (IIAM) to include a picture of my Quilt square on www.iiam.org. I also agree to allow IIAM to reprint all or parts of my story in publications and/or on the Internet.

I am submitting my quilt square in memory of _____

Name of donor _____

His/ her date of birth: _____

His/ her date of death: _____

He/ she is my: _____

i.e., spouse, parent, sibling, child, cousin, friend, etc.

- Please print my name along with my story
- including my city & state
- not including my city & state
- Do not print my name. Print only my story.

Signature _____

Date _____

Enclose the patch in a **zippered plastic bag** to ensure that it arrives clean and safe. Send your patch, Quilt Release Form, and story (if you are enclosing one at this time) by registered mail or insured carrier to:

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1 888 496-7033 x 3441