



Donor and Family Recognition Program – Consent for Use of Photo and Name

Thank you for participating in the Lions Gift of Sight Donor Recognition Program (Sunday, April 14, 2024). We look forward to honoring your eye donor.

A printed program and memorial video presentation are a part of the program, and **we need your consent to use your eye donor's photo and /or name.** Please review the information below, fill in and check all the areas that apply, and sign the consent form.

Email or mail this consent and a photograph (optional) to: Recognition Program
Lions Gift of Sight
1000 Westgate Drive – Suite 260
Saint Paul, MN 55114
LGSFamilySvc@umn.edu

Please contact Jodi Altenhofen, Community Services Liaison, at 612-624-0446 with questions.

**Return the completed consent form to Lions Gift of Sight no later than
Tuesday, March 26, 2024.**

I give my permission for my eye donor's name to be used by Lions Gift of Sight.

I give my permission for my eye donor's photograph to be used by Lions Gift of Sight.

Name of Eye Donor _____
(Print name as it should appear in program materials)

Your Name _____

Your Relationship to Donor _____

Address _____

Phone _____ E-mail Address _____

Signature _____

Date _____