



DONOR FAMILY PROFILE

To help in the planning and publicity efforts for the Games, we'd like to get to know more about you. You are not under any obligation to supply this information, but your input will help us do a better job telling the story of the Games and organ and tissue donation. Please complete one form for each member of your family.

We thank you for your assistance.

If possible, please attach two recent photos of you and/or other members of your family who will be coming to the Games. Please print your name, address and phone on the back of each photo. Sorry, we cannot return these. Please return this form to: National Kidney Foundation, Attention Verena Huettener, 30 East 33rd Street New York, NY 10016. You can also fax this form to (212) 889-2310 to Verena Huettener's attention or email Verena at verenah@kidney.org

Name _____ Sex male female

Address _____ City _____ State _____ Zip _____

Phone (day) _____ (eve) _____

Birth date _____

Name of donor _____ age at death _____ date of death _____

Your relationship to donor (son, mother, brother, daughter, sister, etc...) _____

Organ (s) donated (check all that apply) kidney liver heart lungs
 pancreas

Tissue (s) donated (check all that apply) bone veins ligaments skin cornea
other _____

Marital status single married

Do you have children? yes no

Please list names and ages and circle if attending the Games _____

Occupation _____ Employer _____

Employed full time part time volunteer currently unemployed/retired

Please tell us your family's personal organ donation story, including anything particularly unusual or dramatic that occurred (attach additional sheets if necessary)

Do you participate in any volunteer activities to support donor families or promote organ and tissue donation? yes no

Please explain

Have you attended other Transplant Games events? If so, which ones?

Has anyone in your family ever needed a transplant? yes no If yes, please explain

Please describe your feelings about the Transplant Games and why you choose to participate

Have any special friendships formed as a result of your participation in the Games or as a result of your donation experience? yes no If yes, please explain

Have you had any contact with any of your transplant recipients? yes no If yes, please describe

If you haven't already met your recipients, would you like to do this? Do you have any plans to meet in the future? Please explain _____

Please list names of local or national newspapers, magazines, TV and/or radio shows that have featured your family's story (attach copies of clips if possible).

Are you interested and willing to participate in media interviews? yes no

Date_____ Signature_____