



## Donor Family Gift of Sight Quilt: **Make a Patch Instructions**

The San Antonio Eye Bank invites all cornea and eye donor families and recipients to participate in the quilt project. Established as a means to honor and remember donors and allow transplant recipients to express their gratitude for the gift of sight. There is no deadline, as the quilt is never finished. One panel is always left open to allow new families to remember loved ones through this very special project.



Please do not feel that you need to be exceptionally artistic to contribute. The details of your memory patch can be as simple or complex as you'd like. What will be important is the love and memories that the quilt represents.

### *1/2 inch margin*

#### Size

The memorial square should be cut as an **8" x 8" inch square**; however, your art work and design should be confined within a 7" x 7" square (as demonstrated by the dotted square). The remaining half-inch border around your 7" x 7" design is used by the Gift of Sight seamstress to attach your memorial square to the quilt panel.

It's very important that the memorial square meets size regulations so it can be included in the quilt without difficulty. If a memorial square does not meet requirements, it may be returned.

#### Fabric and Sewing

- The quilts travel frequently. Please sew everything securely. If you are including a photograph on the patch, have it laminated or transferred directly onto the fabric. (*Iron-on transfers for fabric can be purchased on-line or at craft stores and popular retail stores such as Hobby Lobby, Michael's and Office Depot*)
- You may use any fabric color or type, including sentimental materials such as your loved one's baby blanket, high school jacket, tie, dress or t-shirt.
- You may use crayons, paint, or permanent markers to design the patch.
- **Do not glue** items to the patch; they tend to fall off after time.
- Feel free to include your loved one's name and dates of birth and death, poems or quotes.
- Do not "finish" the patch with quilting or backing.
- If you wish to create a memorial patch, but you are unsure of what to do, ask friends and relatives for input and help.

#### Story

We invite you to share a short narrative about your loved one (donor) or about yourself (transplant recipient). Please send your story with your quilt patch.

#### Mailing Your Patch

Enclose the patch in a zippered plastic bag to ensure that it arrives clean and safe. Make sure to include signed **Quilt Consent Form**. Send both the quilt patch and quilt consent form by registered mail or insured carrier to:

San Antonio Eye Bank  
Attn: Donor Family Gift of Sight Quilt Project  
8122 Datapoint Drive, Suite 325  
San Antonio, TX 78229

### *1/2 inch margin*

*1/2 inch margin*

*1/2 inch margin*

**Quilt Consent Form (Donor Family Member)**  
**Consent for Use of Name and Likeness of Donor**

I, \_\_\_\_\_, as a donor family member of \_\_\_\_\_ (name of decedent), hereby consent to the use of the quilt patch I created and story written, in addition to the use of donor's name and likeness, for the sole purpose of promoting donation. I understand that the use of the patch, story and his/her name and likeness may include, but not be limited to photographs, websites, newspaper articles, brochures, displays, television, radio, or any other public community relations material. I hereby acknowledge that this authorization is given without obligation of any kind on the part of the San Antonio Eye Bank, Tissue Banks International, its employees, and designated agents. This authorization is given without hope or expectation of reward or compensation of any kind. I hereby waive my right to inspect or approve any materials which may from time to time be created and which may include the patch, story, donor's name, image, photo, likeness or voice. I, together with my heirs, assigns, agent, guardians, and legal representatives hereby release San Antonio Eye Bank and Tissue Banks International from any and all claims, liabilities, and losses that may arise from its use of the patch, story, donor's image, photo, likeness and voice.

\_\_\_\_\_  
*Signature of Next-of-Kin*

\_\_\_\_\_  
*Date*

Print Name: \_\_\_\_\_

Relation to Donor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

**Quilt Consent Form (Transplant Recipient)**  
**Consent for Use of Name and Likeness**

I, \_\_\_\_\_, hereby consent to the use of the quilt patch I created and story written, in addition to the use of my name and likeness, for the sole purpose of promoting donation. I understand that the use of the patch, story, my name and likeness may include, but not be limited to photographs, websites, newspaper articles, brochures, displays, television, radio, or any other public community relations material. I hereby acknowledge that this authorization is given without obligation of any kind on the part of the San Antonio Eye Bank, Tissue Banks International, its employees, and designated agents. This authorization is given without hope or expectation of reward or compensation of any kind. I hereby waive my right to inspect or approve any materials which may from time to time be created and which may include the patch, story, my name, image, photo, likeness or voice. I, together with my heirs, assigns, agent, guardians, and legal representatives hereby release San Antonio Eye Bank and Tissue Banks International from any and all claims, liabilities, and losses that may arise from its use of the patch, story, recipient's image, photo, likeness and voice.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Print Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_