

**New York Organ Donor Network
132 West 31st Street, 11th Floor
New York, New York 10001
Fax # 646-291-4600 or 646-291-4602**

Attention: K. Cummings or J. Concepcion

FAX BACK ORDER FORM

Our congregation will participate in the 2008 13th Annual National Donor Sabbath. YES

Send a Speaker: Yes Please include contact person(s) name and number.

Religious Affiliation: Catholic Jewish Protestant Muslim Buddhist
 OTHER (Specify) _____

Please Circle or specify amount needed

Brochures/ Booklets:

Consent registry brochure (<i>English Only</i>)	100	200	Other _____
Catholic Consent brochure	100	200	Other _____
African American Church Consent brochure	100	200	Other _____
Conservative Judaism Consent brochure	100	200	Other _____
Reform Judaism Consent brochure	100	200	Other _____
Clergy Resource Guide	100	200	Other _____

PROMOTIONAL ITEMS:

Brochure stands	2	5	Other _____
Bracelets (<i>Donate Life</i>)	50	100	Other _____
Pins (<i>Donor Sabbath</i>)	50	100	Other _____
Pens (<i>Donate Life/Website</i>)	50	100	Other _____
Bookmarks (<i>Donor Sabbath</i>)	50	100	Other _____
Balloons (<i>Donate Life</i>)	4	8	Other _____

INFORMATIONAL:

DVD or Video Tape (<i>Donate Life 8 min</i>)	1	2	Other _____
Newsletter	25	50	Other _____

Name (Clergy): _____ Title: _____

House of Worship: _____

Address (Bldg. # & Street. No P.O. Box #): _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: () _____

