



WORKPLACE PARTNERSHIP FOR LIFE/ GREATER NY METROPOLITAN CAMPAIGN ENROLLMENT FORM

Workplace Partnership for Life participants are asked to help build awareness about the need for voluntary organ and tissue donation, to encourage employees to enroll in the New York State Organ & Tissue Donor Registry, and to talk with their families about their decisions.

- Please print your company name in the space below, as you would like it to appear on the roster of the Workplace Partnership for Life/Greater NY Metropolitan Campaign.

Company or Organization Name

CEO/President

- Contact Information:

Name: Title:

Address:

City: State & Zip:

Phone: Fax:

Email: Website:

- Number of employees in New York:

How will you promote donation?

Please refer to some of the employee action ideas enclosed and let us know what you may be planning over the next six months. We also hope that you will share with us some of your own ideas for participation.

Brochure Display Speakers Payroll Communications Employee Communications Poster Display Video

Please return completed form to:

Miriam Perez
New York Organ Donor Network
132 W. 31st Street, 11th Floor
New York, NY 10001
Phone: (646) 291-4455 Fax: (646) 291-4600
Email: mperez@nyodn.org Web site: www.donatelifeny.org