



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 program. The program was 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 program.

1/2 inch margin

Size

The memorial patch should be cut as an **8" x 8" inch square**; however your artwork 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 patch to the quilt blanket.

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

Fabric and Sewing

- The quilts travel. 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 at craft stores and popular retail stores such as Hobby Lobby, Michael's Arts & Craft 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 on 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.
- You are encouraged to ask close friends and relatives for input on creating your unique patch.

Story

We invite you to share a short narrative about your loved one or the patch design. Please send your typed story with your quilt patch.

Mailing Your Patch

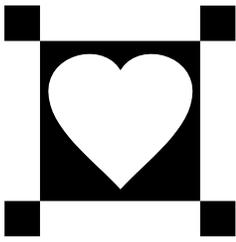
Enclose the patch in a zippered plastic bag to ensure that it arrives clean and safe. Make sure to include the Quilt Consent Form. Send by registered mail or insured carrier to:

San Antonio Eye Bank
Attn: Donor Family Gift of Sight Quilt Project
9150 Huebner Road, Suite 105
San Antonio, TX 78240

1/2 inch margin

1/2 inch margin

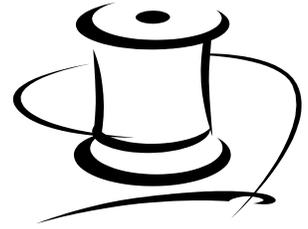
1/2 inch margin



San Antonio Eye Bank

Gift of Sight

Donor Family Quilt



The San Antonio Eye Bank would like to invite the families and friends of eye and cornea donors to design and submit a quilt square to honor and celebrate the life of their loved ones. Every quilt patch is different. We ask, if possible for the families to include a photograph of their loved one, as well as a short narrative explaining the meaning of the quilt square's design or describing the donor along with the quilt square.

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

The quilt squares will be sewn together along with other patches received from donor families to form a panel. The finished quilt panel will be displayed at an annual ceremony held during National Donate Life Month each April and at other events throughout South Texas. These events educate the public about eye, organ and tissue donation and honor the memory of those that have donated.

Please complete the below form, cut and mail with your quilt patch!



Quilt Consent Form

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, 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 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

Today's Date

Print Name: _____

Relation to Donor: _____

Address: _____

Phone: (_____) _____

Email: _____