

New York Organ Donor Network
 460 West 34th Street, 15th 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 2014, 19th 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) _____ ****Event Date**** { _____ }

Please Circle or specify amount needed

BROCHURES/ BOOKLETS:

Consent registry brochure: *Please circle language*

(English) (Spanish) (Korean) (French) 100 200 Other _____

Religious Consent registry brochure: *Only available in English*

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 _____

Orthodox Judaism Consent brochure 100 200 Other _____

Clergy Resource Guide 5 10 Other _____

PROMOTIONAL ITEMS:

Brochure stands 2 5 Other _____

Bracelets (*Long Live NY*) *New* 50 100 Other _____

Pens (*Long Live NY*) *New* 50 100 Other _____

INFORMATIONAL:

More information Mailing Slip 5 10 Other _____

Name (Clergy): _____ Title: _____

House of Worship: _____ # of Members: _____

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

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Email: _____

****Please fill out and send request by 10/31/14 to ensure you get your supplies on time**

****Each request will receive a Donor Sabbath Packet for their Congregation**



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 Organ Donor
 Network