



Donate Life South Carolina
4200 East North Street - 22 Centre East
Greenville, S.C. 29615
Tel: 864-609-5270



On the web at:
www.DonateLifeSC.org or
www.Every11Minutes.org

Donor Sabbath Request Form

Name of Church: _____

Contact Person: _____

Mailing Address (Street Address Preferred):

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone Number: (____) _____ Fax: (____) _____

We would like the following materials and/or information – check all that apply:

- Bulletin Inserts – Quantity: _____
- Sample Sermons (download available on website)
- 12 Minute Award Winning Short Film depicting three SC families and their true stories regarding organ & tissue donation in SC. Quantity: _____
*DVD Cost is \$5.00- Please make check out to **Donate Life South Carolina**.*

Method of Delivery – choose one and check:

- Pick up @ the LifePoint Office in Charleston or Columbia; or the Donate Life SC Office in Greenville
- Mailed or Delivered to: _____

Please either **CALL** Toll Free 1-87-PASS-IT-ON with your request or **FAX** this form to 1-864-609-5387 no later than **October 14, 2011**. You can also mail this form to the address at the top of the page.