



Living Liver Foundation
PO Box 144
Saint Clair Shores, MI 48080-9998
info@livingliver.org
LivingLiver.org

DONATION FORM

STEP 1

Please indicate if you would like to make this charitable gift in memory of someone who has passed away, or in honor of a loved one impacted by liver disease.

• No • Yes

Name of Deceased

Name of Honoree

STEP 2

Please indicate the amount of your charitable gift here: \$ _____

STEP 3

Please include your check along with this form in an envelope and send it to the address indicated above.

STEP 4

Please provide your name, mailing address, phone number and email address below.

Full Name

Company Name

Street Address

City, State, Zip

Phone

Email



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STEP 5

Please provide the name and address of the person you would like us to notify of your memorial or honor gift, mailing address, and email address below.

Full Name

Company Name

Street Address

City, State, Zip

Email

STEP 7

What is this person's relationship to the deceased? (i.e., mother, father, sibling, aunt, uncle, other)

Relationship

STEP 8

How would you like your name(s) to appear on the acknowledgment letter to the family?

Your Name(s)

STEP 9

Please indicate whether you would like to receive news and information about liver disease, health, and wellness from the Living Donor Liver Transplant Foundation

• No • Yes

For any questions regarding your charitable gift, please contact us at info@livingliver.org