

Memorial Quilt Release Form

To be returned with your fabric submission by March 1st.

In Memory of _____

Name to be displayed on quilt _____

Date of death _____

Person submitting _____

Relationship _____

Street Address _____

City/State/Zip _____

Phone _____

Email _____

Brief description of fabric _____

I give my permission for the name of my deceased family member to appear on the Memorial Quilt. I understand this quilt will be on display in the offices of Hope Hospice and may also be displayed at community, educational, and/or social events. I also understand that the quilt dedication ceremony may be recorded and published. Authorization will be in effect from this day forward.

Signature: _____ **Date:** _____

