Request for Educational Presentation on Organ and Tissue Donation

School Name _____ Teacher Name (Please Print) _____

Street Address _____ E- Mail Address (if applicable) _____

City _____ St _____ Zip _____ County (where school is located) _____

Please schedule Lifeline of Ohio to present on the following date(s)

	Date	Time	Total # of Classes	Total # of Students
1st Choice		Start Finish		
2nd Choice		Start Finish		
3rd Choice		Start Finish		

Every effort will be made to meet your request with all requests confirmed in writing.

Type of Class (be specific): _____ **Grade Level:** _____

I would prefer the following type of media be used in my classroom as part of the presentation:

☐ DVD ☐ Videotape ☐ Power Point

Please provide the following information in case we need to reach you to make alternate arrangements. (*Your home phone number is requested so that we may reach you in the event of bad weather or illness the day of the program. This number will not be used for any other reason*.)

School Phone Number: _____ **Best time to Call:** _____

Home Phone Number: _____

Mail this form to: Lifeline of Ohio, 770 Kinnear Rd., Suite 200, Columbus, OH 43212, Attn: Communications Assistant or call 1-800-525-5667 ext. 334. Programs can also be requested by sending an e-mail with all of the above information to scheduling@lifelinofohio.org or by completing an **online form** at www.lifelineofohio.org in the **Resources Section**, **Teacher Area** (bottom of every page)