



**Donate Life Workplace Partnerships
Commitment Form- New Partner**

Yes! We are committed to inspiring our employees and/or customers to “Donate Life.”

Please provide the following information so we may contact you:

(Please be sure to provide the name of the company/organization exactly as you would like to be recognized on the national website as a Workplace Partner)

Name of Contact Person: _____

Title: _____

Company: _____

Address: _____

City: _____ Zip _____

Phone: _____ Email: _____

Fax: _____ Website: _____

of Employees: Locally _____ Nationally _____

Let us know which educational tools would work best for you.

Of the educational activities below, please check any you feel would be effective in your workplace.

- Broadcast emails to your staff
- Place brochures in staff mailboxes
- Include information with employee paychecks
- Publish an article in your company newsletter
- Host a speaker at lunch or a staff meeting
- Employee education day or health fair
- Post signage in common areas
- Create a bulletin board display
- Provide information at a blood drive
- Display brochures in the lobby
- Distribute Donate Life Wristbands or pens to employees or customers
- Play Donate Life video on TV/monitors

Other _____

Please list our company/organization name as a Workplace Partner on the national website www.organdonor.gov : Yes No

Please list our company/organization name as a Workplace Partner on the LAORA website www.laora.org : Yes No

The form can be submitted via email to laorainfo@med.miami.edu, mail or fax.

We will follow up with you by the end of the next business day to schedule a time to discuss the program and the needs of your organization.

Thank You!

Date of Enrollment _____