



Donate Life Workplace Partnerships

Request Form

Please provide the following information so we may contact you:

Name of Contact Person: _____

Company: _____

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

Of the educational activities below, please check as many as you would like:

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

Other _____

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!