

Conemaugh Health System Donor Recognition Wall Kiosk Participation

About the Kiosk

The interactive kiosk was installed in April 2015 as the final implementation phase of Conemaugh Health System's Donor Recognition Wall. It is located at Conemaugh Memorial Medical Center on the third floor of the Clinical Pavilion near the glass elevators.

The kiosk allows the general public to view photos of living and deceased donors, stories of recipients, and learn more about organ, tissue, and eye donation.

The Donor Recognition Wall is coordinated by Conemaugh Health System's Donor Advisory Committee.



Participation in Kiosk

Recipient participation in the Conemaugh Health System kiosk is voluntary. Information can be removed from the kiosk at any time per written request by the recipient.

Submit Information

Items to be submitted for inclusion in the Donor Recognition Wall Kiosk:

- 1) Completed "Participation" form (second page of this document)
- 2) Completed "Authorization to Use or Disclose Information" form
- 3) Photo (portrait) of Recipient (electronic or print photo; print photo will be returned)

To submit via postal mail:

Stacy Roberts, Marketing Communications
Donor Recognition Wall
c/o Conemaugh Health System
1086 Franklin Street □ Johnstown, PA 15905

To submit via email:

Send to Stacy Roberts
SRoberts4@conemaugh.org
Subject line: Donor Recognition Wall

For questions, please call Stacy at (814) 534-9333.



Contact Information

Please provide the following contact information. If form is submitted by a family member or friend, recipients will be contacted for written permission to use his/her information in the kiosk.

First and Last Name of Individual Submitting Information: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Recipient Information

Recipient First Name: _____

Recipient Last Name: _____

Recipient Nickname (if applicable): _____

Recipient Primary Phone Number: _____

* Phone number will not be included in kiosk. It will only be used to contact recipient if this form is submitted by another individual on behalf of recipient.

Recipient Hometown: _____

Recipient Gift (What was received?): _____

Date of Birth: Month: _____ Date: _____ Year: _____

Donation Date: Month: _____ Date: _____ Year: _____

Recipient hobbies, interests, and additional information to include in kiosk: _____

Please see page 1 of this document to ensure all paperwork is complete prior to submission of information.