



Michigan Donor Drive 2010 MEMBER PLEDGE FORM

Hospital/Health System Name: _____

City: _____

Name of CEO/President: _____

Designated Campaign Leader: _____

- E-mail: _____
- Phone: _____

This hospital/health system hereby pledges to participate in Donor Drive 2010 and work to achieve the goals set forth by the MHA Keystone Center for Patient Safety & Quality and Gift of Life Michigan by recruiting one registrant for every two employees. This facility supports the statewide efforts to increase the size of the Michigan Organ Donor Registry by 1 million people and will help achieve the collective hospital goal of 100,000 new registrants.

I have read the overview, understand the goals of Donor Drive 2010, and commit to launching this campaign at my facility using the tools and resources provided by the MHA Keystone Center and Gift of Life Michigan.

Please complete and sign below:

- By Dec. 31, 2010, this hospital/health system pledges to recruit _____ (*insert number*) people to join the Michigan Organ Donor Registry through participation in Donor Drive 2010.

Signature

Date

Please submit this signed pledge to the MHA Keystone Center, in care of Britt Bogan, via fax, mail, or e-mail:

Fax: (517) 323-0946
Phone: (517) 866-8313
E-mail: bbogan@mha.org

Michigan Health & Hospital Association
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SPENCER JOHNSON, PRESIDENT