



## Living it Up NY Style: Follow up Request form

**Name:** \_\_\_\_\_

**I am:**  Kidney patient     Family member or friend of a kidney patient

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Best Contact Method**  Email     Text     Phone call

**I am interesting of working with NYKidney volunteers to get help with the following items discussed at the workshop:**

- I would like to speak with a living kidney donor
- I would like to speak with a recipient
- I would like to find a patient support organization near me
- I need more help telling my story
- I need more help setting up a Facebook post
- I need more help getting involved with the story telling project

**I give NYKidney person to share my name and contact information with volunteers to help me as indicated above**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

PO Box 333 Lake Grove, New York 11755 | 631.371.9810

Albany Medical Center | Erie County Medical Center Corporation | Montefiore Medical Center | Mount Sinai Medical Center | New York-Presbyterian Hospital/Columbia University Medical Center  
New York-Presbyterian Hospital/Weill Cornell Medical Center | North Shore University Hospital | NYU Langone Health | SUNY Downstate Medical Center  
University of Rochester Medical Center/Strong Memorial Hospital | Upstate University Hospital | Westchester Medical Center