



## Peer2Peer Support Network *Learning Application*

I am interested in learning about others' experiences with:

- Live Donation
- Liver Transplantation
- Living with Liver Disease  
Please list specific disease(s): \_\_\_\_\_
- Liver Disease Treatment  
Please list specific disease(s): \_\_\_\_\_

Please give us any other information we may find helpful:

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I understand that I will be contacted by the party whom will share their story with me and my contact information will be shared with those individuals.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please return this form to Brandon Combs,  
ALF-IL Chapter, 180 N. Michigan Ave Suite 1870, Chicago, IL 60601  
or fax it to: 312.377.9035.