



Peer2Peer Support Network Sharing Application

I am interested in sharing my 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:

I am willing to share my story and contact others that are interested in learning about my experiences with liver disease, live donation, treatment, or transplantation. I understand that I will contact the interested party and my contact information will not be shared.

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.