

Explore Living Donation

Education Program for Kidney Patients, Family & Friends

This program helps kidney patients and their family and friends make informed decisions about living donation.

Here's what this program has to offer:

- ▶ **The basics of living kidney donation**
 - The advantages of living donation compared to waiting for a kidney from someone who has died (deceased donor transplant)
 - Common questions about the living donor process
 - Pros and cons of being a living donor
 - Possible risks of living donation
- ▶ **How to help a loved one with kidney disease — a guide for family and friends**
 - Basics about kidney disease and treatment options, including dialysis and transplant
 - Practical strategies to help your loved one
 - What to consider when thinking about becoming a living donor
- ▶ **How to find a living kidney donor**
 - A guide to help patients make a plan to get a living donor kidney transplant
 - Practical strategies for how to prepare a message and get the word out
- ▶ **Real-life donation stories from people who have received living donor transplants or kidneys**
- ▶ **Resources available to patients, family, and friends**

The goal of this program is to help kidney patients and their loved ones decide on and take actions that are right for them.

Pricing

Explore Living Donation materials

Item	Price each at quantity		
	1-199	200-499	500+
Explore Living Donation Patient Education Packet, English or Spanish* with DVD	\$10.00	\$9.25	\$8.50
Explore Living Donation Patient Education Packet, English or Spanish* with DVD and unlimited video streaming	\$10.50	\$9.75	\$8.50

*Print materials in Spanish; DVD with Spanish-language voiceover

Order form

Explore Living Donation materials

Item	Quantity	Price ea.	Total
ELD English folder with DVD			
ELD Spanish folder with DVD			
ELD English folder with DVD and video streaming			
ELD Spanish folder with DVD and video streaming			
Subtotal			
Ground shipping & handling (12% of subtotal with a minimum charge of \$6)			
Grand total			

Shipping and payment information

Name: Date:

Organization:

Address:

City: State: Zip:

Phone: Email:

Send an invoice (PO #, if applicable _____) Check enclosed (to Health Literacy Media)

Credit Card: Amex Mastercard VISA

Credit card # _____ Expiration _____

Name on card # _____ Signature _____

Please email form to Christina Goalby at cgoalby@healthliteracy.media