

The AIDS Memorial Quilt Aotearoa New Zealand

Quilt Fact Sheet

Name on Panel: _____

Full name of person: _____

Nickname: _____

PANEL MAKERS:

1) Name: _____ Phone: _____
Address: _____
Relationship: _____

2) Name: _____ Phone: _____
Address: _____
Relationship: _____

3) Name: _____ Phone: _____
Address: _____
Relationship: _____

4) Name: _____ Phone: _____
Address: _____
Relationship: _____

Do you wish information obtained from you regarding the details of your panel and/or person memorialised to be kept confidential?

Yes

No

Have you included a description of the person you have memorialized and a description of the significance of the panel design you have created? These are important to the history of The Project.

Any other comments:

We welcome your panel to The AIDS Quilt Project. It will be handled and kept with much care and aroha. Thank you.