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LIVE ONE-ON-ONE TRAINING





NATIONAL DONATE LIFE MONTH

Each April, Donate Life America (DLA) leads National Donate Life Month (NDLM), an observance focusing national attention on the need and importance of organ, tissue and cornea. NDLM is about the importance of registering your decision to be a donor, honoring deceased and living donors, and celebrating the lives they saved. It is the generosity of donors and donor families that makes saving lives through transplantation possible.

Donate Life© is the national brand for the cause of donation, uniting the hundreds of donation and transplantation organizations; those awaiting transplant; the life and legacy of the more than 1 million recipients in the U.S. and their families; the donor families who say yes in their time of grief, and the more than 170 million people who have registered their decision to be a donor and help others at the end of their life.

The 2025 National Donate Life Month Artwork was inspired by birds, who are known across many cultures as one of the most welcomed and visible signs of spring. They represent both new beginnings and visits from loved ones who have passed away. The yearly return of birds and their songs offer us a sense of peace and hope. This National Donate Life Month, we encourage everyone to “LET LIFE SING!”



To celebrate National Donate Life Month in April, hospitals across the United States raise Donate Life flags and fly them all month long. Since 2006, these flags have served as a nationwide display of unity, remembrance and hope.

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NUMBERS TO REMEMBER

more than
100,000

the number of people awaiting
an organ transplant nationally.

every
9 *minutes*

someone new is added to the
national transplant waiting list

500

the approximate number of
people awaiting transplantation
in West Virginia.

7,000

the approximate number of
people awaiting transplantation
in Pennsylvania.

17

the number of people who will die
each day without receiving
a transplant

8

can be saved by one
organ donor. One tissue
donor can heal 75 lives.

LIVE ONE-ON-ONE TRAINING



USING THE RIGHT WORDS

Language is very powerful; it can perpetuate misconceptions or offer a space for awareness. Help CORE foster a better understanding of donation and save lives by using the correct donation terminology.

In 2005, the Association of Organ Procurement Organizations (AOPO) standardized appropriate donation terminology. AOPO reasoned that avoiding words and phrases that cause concern among donor families and the general public would increase both understanding and acceptance of the donation process. This terminology is unanimously supported and used by the American Society of Transplantation (AST) and American Society of Transplant Surgeons (ASTS), and has been adopted by the American Journal of Transplantation.

To show respect and sensitivity to those who give the gift of life and their loved ones, we request that only appropriate terms be used when referring to organ, tissue and cornea donation.

APPROPRIATE TERMS | INAPPROPRIATE TERMS

"Recover" organs	"Harvest" organs
"Recovery" of organs	"Harvesting" of organs
"Donation" of organs	"To harvest" organs
"Deceased" donation	"Cadaver" donation
"Deceased" donor	"Cadaveric" donor
"Mechanical" support or "Ventilated" support	"Life" support
Organs, tissue and corneas	"Body parts"
"Brain Death"	"Coma"
"Enhanced" risk	"High" risk



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MYTH	FACT
MY BODY WILL BE MUTILATED AND DISFIGURED IF I WOULD DONATE.	Organ and tissue donation will not interfere with traditional funeral arrangements such as an open casket. Doctors maintain the utmost respect for the donor and organs are removed in a routine operation similar to other types of surgeries.
ORGANS GO TO PEOPLE WHO DIDN'T TAKE CARE OF THEIRS.	Organs go to people who were born with or developed diseases that have caused organ failure. Less than 5 percent of those waiting need a transplant because of their own behaviors or choices. For those people, they must achieve and sustain sobriety before they can be listed for a transplant.
I AM TOO OLD TO BECOME AN ORGAN DONOR.	No one is ever too old or too young to give the gift of life. Every potential donor is evaluated on a case-by-case basis at the time of their death to determine which organs and tissue are suitable for donation.
I AM TOO SICK TO DONATE.	Few illnesses or conditions prevent someone from being a donor. People with diabetes, heart disease, cancer, hepatitis and even HIV have saved lives through organ and tissue donation. At the time of death, CORE reviews medical and social histories to determine suitability for donation. Although someone may not be able to donate blood, it does not always prevent the individual from donating organs and/or tissue.
MY FAMILY WILL HAVE TO PAY FOR COSTS RELATED TO MY DONATION.	Donors and their families are not responsible for any costs related to donation. All costs are incurred by the organ procurement organization.
MY RELIGION DOES NOT SUPPORT DONATION.	All major religions consider organ donation to be an individual decision, or support it and see it as the final act of love and generosity toward others.
WEALTHY PEOPLE ARE THE ONLY PEOPLE WHO RECEIVE TRANSPLANTS.	Financial and celebrity status do not determine who receives a transplant. A national computer network, maintained by the United Network for Organ Sharing (UNOS), matches organs according to height, weight and blood type, followed by medical urgency and then time accrued on the waiting list. Age, race, gender, religious affiliation or financial status are not factors that determine who receives a transplant.
EMTS AND HOSPITAL STAFF MEMBERS DON'T WORK AS HARD TO SAVE YOUR LIFE IF YOU'RE A DONOR.	When you go to the hospital for treatment, all staff members are focused on saving your life, not somebody else's. You'll be seen by a medical team whose specialty most closely matches your particular emergency.

LIVE ONE-ON-ONE TRAINING



TIPS FOR WRITING/TELLING YOUR STORY

DONATION IS A TRIBUTE TO LIFE

Share your personal experiences with donation and transplantation, while keeping in mind that today's life is a tribute to donors and donor families.

CALL TO ACTION

The purpose of telling your story is to inspire others to register as organ, tissue and cornea donors. Our goal is that each person leaves informed of their opportunity to donate and empowered to save and improve the lives of countless donors through the decision to register. Please end all speeches with a call to action by encouraging everyone in the audience to register to be a donor on their driver's license, state ID or online at core.org/register.

DISPEL THE MYTHS

There are many misconceptions about donation, and they are a major barrier to the donation process. Time permitting, the audience should understand the facts on donation. You can read more about those myths and misconceptions on the following page.

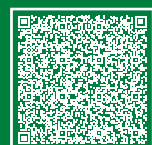
DOS

- Keep to the allotted time.
- Use the words "recovery" and "brain death."
- Talk in simple terms.
- Speak about how your transplant or donation experience has positively affected you.
- Speak slowly, and remember to look up and make eye contact with the audience.

DON'TS

- Use the word "harvest." It's harsh on the public ear.
- Say "they're kept on life support." Individuals being evaluated for donation have died. There is no need for life support. They simply are on a ventilator that is providing oxygen.
- Use clinical jargon or try to impress the audience with your knowledge of healthcare terminology.
- Think you must be an expert or professional speaker. You are sharing your story, which no one can do better than you.

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SPEECH GUIDELINES

TRANSPLANT RECIPIENT

- I. Personal Introduction
 - II. Story
 - a. Life Before Transplant
 - b. Realizing the Need for Transplant
 - c. The Wait
 - d. Impact on Family and Friends
 - e. The Transplant
 - f. Life After Transplant
 - g. Reflection on Donor and Donor Family
 - III. Questions (if appropriate and with time permitting)
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WAITING LIST CANDIDATE

- I. Personal Introduction
- II. Story
 - a. Life Before Need for Transplant
 - b. Realizing the Need for Transplant
 - c. The Wait
 - i. Limitations
 - ii. Fears
 - iii. Reflection on Potential Donor and Donor Family
 - iv. Impact on Family and Friends
- III. Questions (if appropriate and with time permitting)

LIVE ONE-ON-ONE TRAINING



DONOR FAMILY

- I. Personal Introduction
 - II. Story
 - a. Reflecting on the Life of Loved One
 - b. Prognosis / Accident
 - c. Hospital – Donation Process
 - d. Impact on Family and Friends
 - e. Honoring Loved One
 - f. Donation / Transplantation Reflection
 - g. Contact With Recipients
 - III. Questions (if appropriate and with time permitting)
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LIVING DONOR

- I. Personal Introduction
- II. Story
 - a. Life Before Donation
 - b. Deciding to Become a Living Donor
 - c. Testing
 - d. Impact on Family and Friends
 - e. Life After Transplant
 - g. Reflection on Recipient and Recipient Family
- III. Questions (if appropriate and with time permitting)

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