



SPEAKERS GUIDE

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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 2026 National Donate Life Month artwork uses trees as a symbol of life, connection, and lasting impact. Just as trees grow stronger together in a forest, donation connects people, donors, recipients, families, health care professionals, and communities, in a shared network of care. Donation is not a single moment.

Like a tree taking root, it creates an impact that continues to grow over time. One donor can save and heal many lives, and that generosity extends outward to families, workplaces, hospitals, and neighborhoods. Each act of donation strengthens the entire community. Trees also represent legacy. They stand through seasons and generations, offering shelter, renewal, and hope. In the same way, a donor's gift leaves a lasting legacy—seen in lives saved and healed and in the milestones reached, and in the futures made possible.



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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DONATION BY THE NUMBERS

more than
100,000

the number of people
awaiting an organ transplant
in the United States.

every **8**
minutes

a new person's name is
added to the national
transplant waiting list.

13

the number of people who will
die each day without receiving
the transplant they need.

8

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

7,000

the approximate number
of people waiting for a
transplant in Pennsylvania.

500

the approximate number
of people waiting for a
transplant in West Virginia.



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



MYTHS & FACTS

MY BODY WILL BE MUTILATED AND DISFIGURED IF I WOULD

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

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

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

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.



TELLING/WRITING 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.



SPEECH STRUCTURE (RECIPIENT OR WAITING)

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)
-

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)



SPEECH STRUCTURE (DONOR FAMILY OR LIVING DONOR)

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)
-

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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