

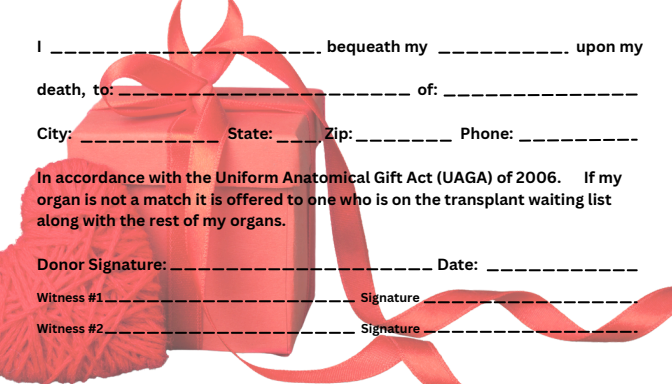
attach a passport or ID
photo here



Print name

**Is a Designated
Organ Donor**

See back for instructions



I _____ bequeath my _____ upon my
death, to: _____ of: _____
City: _____ State: _____ Zip: _____ Phone: _____

In accordance with the Uniform Anatomical Gift Act (UAGA) of 2006. If my organ is not a match it is offered to one who is on the transplant waiting list along with the rest of my organs.

Donor Signature: _____ **Date:** _____

Witness #1 _____ **Signature** _____

Witness #2 _____ **Signature** _____