Date of Birth of Donor

This is a legal document under the Anatomical Gift Act or similar laws. □ Yes, I have discussed my wishes with my family.

For further information, consult your physician or the NKF.

Witness

City and State

NOITAGNUOT YENDIX JANOITAN FROM THE DONOB CARD THIS IS YOUR

Signed by the donor and the following two witnesses in the presence of each other:

Here's all you have to do...

- and sign it in front of two witnesses. J. Designate your wishes by filling out the card,
- them the top half of the card. 2. Discuss your wishes with your family and give
- 3. Carry the bottom half of the card in your wallet.
- 4. Tell someone else about organ and tissue donation.

DONATE LIFE

Date Signed

Witness

National Kidney Foundation⁻

Signature of Donor

FAMILY NOTIFICATION CARD

This is to inform you that, should the occasion ever arise, I would like to be an organ and tissue donor. Please see that my wishes are carried out by informing the attending medical personnel that I have indicated my wishes to become a donor. Thank you.

Signature of Donor

Date Signed

Contact us for further information:



800.622.9010 www.kidney.org

ORGAN AND TISSUE DONOR CARD

Print or type name of donor

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. My wishes are indicated below.

I give:

any needed organs or tissues
only the following organs or tissues

Specify the organ(s), tissue(s)

for the purposes of transplantation, therapy, medical research or education;

my body for anatomical study if needed.

Limitations or special wishes, if any: