

**ANATOMICAL GIFT
UNIFORM DONOR CARD**

I, the undersigned, hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires:

I give:

- a. Any needed organs and/or parts for any purpose
- b. Only the following listed organs and/or parts for the purpose of transplantation, therapy, medical research, or education
- c. My body for anatomical study if needed.

The following are limitations and/or special wishes with regard to this anatomical gift: .

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

_____ Birth Date of Donor: _____
Signature of Donor

Date Signed: _____ Address of Donor: _____

_____ Address _____
Witness

_____ Address _____
Witness