

Donor Card

I wish to donate my body for medical research or education after my death. I understand that this card, signed by me and witnessed by two others, is a legal document under the Uniform Anatomical Gift Act.

Name (Please Print) _____

Signature of Donor _____

Date _____

Witness _____

Witness _____



1-800-486-IIAM

(In Arizona and Nevada: 1-800-806-4426)

www.iiam.org

IIAM is a member of the Coalition on Donation

