

**UNIFORM DONOR CARD**

of

\_\_\_\_\_   
 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. The words and marks below indicate my desires.

- I give:            (a) \_\_\_\_\_ any needed organs or parts  
                      (b) \_\_\_\_\_ only the following organs or parts

\_\_\_\_\_   
 specify the organ(s) or part(s)

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

- (c) \_\_\_\_\_ my body for anatomical study if needed.

Limitations or special wishes, if any: \_\_\_\_\_   
 \_\_\_\_\_

Signed by the donor and the following 2 witnesses in the presence of each other:

\_\_\_\_\_  
Signature of donor

\_\_\_\_\_  
Date of birth of donor

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

This is a legal document under the Michigan Uniform Anatomical Gift Act, Michigan Consolidated Laws, 333.10104 to 333.10109.