



## Uniform Donor Pledge Card

Print out and complete the donor card below. Cut out and mail to:

**Rochester / Finger Lakes Eye & Tissue Bank**  
**524 White Spruce Blvd.**  
**Rochester, NY 14623**  
 or fax to:  
**(585) 272-7897**

Once your pledge card is received, we will ...

- \* Enter it into a Regional Donor Pledge Registry
- \* Send you a laminated wallet-size donor card
- \* Write to your next of kin and physician
- \* Mail you red "donor" stickers

If you already are registered and would like to update your information (phone number, address, name or other changes) please call us at **1.800.568.4321**.

We would be happy to send you a new laminated wallet-size card.

**Transplant Awareness Group**  
**UNIFORM DONOR PLEDGE CARD**

In the hope that I may help others, I hereby make this anatomical gift for the purpose of transplant, research or education. I direct my next of kin to execute this gift after my death.

**I DONATE:**  any needed organs/tissues  
 only the following organs/tissues

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Check this box to authorize inclusion in the NY State Organ & Tissue Donor Registry

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9-digit Motor Vehicle License or Non-driver License ID \_\_\_\_\_

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Eye Color of Donor \_\_\_\_\_ Height of Donor \_\_\_\_\_

Mr  Mrs.  Ms.  Miss      Sex:  Male  Female

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Name of Donor (Please Print) \_\_\_\_\_

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Signature of Donor \_\_\_\_\_

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Address of Donor \_\_\_\_\_

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City, State, Zip Code \_\_\_\_\_

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Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

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Name of Next of Kin (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_

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Next of Kin Address \_\_\_\_\_

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Next of Kin City, State, Zip Code \_\_\_\_\_

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Next of Kin Phone Number \_\_\_\_\_

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Parent or Guardian Signature Needed if under 18 \_\_\_\_\_