



Uniform Donor Card

Please keep this card with you and talk to your family about your decision to share the gift of life.

I, _____, would like to give the gift of life as an organ and tissue donor.

I wish to donate the following:

- Any needed organs and tissues
- Only the following organs and tissues

Signature of Donor _____ Date _____

Witness _____ Date _____

Witness _____ Date _____

FOR MORE INFORMATION, CALL 800-FL-SHARE.



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