

ORGAN DONATION PLEDGE FORM



MAR THOMA YUVAJANA SAKHYAM (MYSDA)

Established to make Indians aware of our organ transplant crisis and encourage more people to become donors. We will promote this awareness by working with different organizations men and women to actively support organ donorship.

DONOR INFORMATION (PLEASE PRINT OR TYPE)

Name _____

Gender _____

Address _____

City, Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

ORGAN AND TISSUE DONATION

- Yes**, I wish to register my intent to donate any suitable organs and tissue for transplantation.
- No**, I wish to register my intent *NOT* to donate any organs or tissue for transplantation.

(Organs and tissue suitable for donation include: kidneys, heart, lungs, liver, pancreas, heart valves, bone tissue, skin tissue and eye tissue).

- | | |
|----------------------|--------------------------|
| ALL | <input type="checkbox"/> |
| Bone Tissue | <input type="checkbox"/> |
| Corneas (eye tissue) | <input type="checkbox"/> |
| Heart | <input type="checkbox"/> |
| Heart Valves | <input type="checkbox"/> |
| Kidneys | <input type="checkbox"/> |
| Liver | <input type="checkbox"/> |
| Lungs | <input type="checkbox"/> |
| Pancreas | <input type="checkbox"/> |
| Skin Tissue | <input type="checkbox"/> |
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PRIVACY NOTE:

Your personal information is protected by law. This information is required to process your application or claim.

Your information may be used by the Health department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

CONFIRMATION:

I confirm the above details are my personal details

SIGNATURE(S)

DATE

SIGNATURE(S) OF GUARDIAN/PARENTS/SPOUSE

DATE