

# UNIFORM DONOR CARD

OF \_\_\_\_\_  
Print or type name of donor

In the hope that I may help others, I hereby give my entire body intact for anatomical study, if needed and medically acceptable, to take effect upon my death.

Preferred Donee is: \_\_\_\_\_

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

_____ Signature of Donor	_____ Date of Birth of Donor
_____ Date Signed	_____ City & State
_____ Witness	_____ Witness

This is a legal document under the Uniform Anatomical Gift Act or similar laws.  
For further information consult your physician or

**Duke University Medical Center**

BOX 102000 DUMC  
DURHAM, NC 27710

Body Donations	Day Telephone	Anatomy 919-681-5471
	Night Telephone	919-812-7430