

Anatomical Gift Pledge Form

Please return this completed form to the address listed below or in the envelope provided. You will receive a donor card for your wallet.

This statement is to certify that I wish my body, at the time of my death, to be transported and delivered to the Anatomical Gift Program at SUNY Upstate Medical University to be used as an unrestricted gift for the advancement of medical education and research.

In connection with this pledge, I have received and reviewed the Anatomical Gift Program brochure and I understand its contents and have had any questions fully answered.

I understand that this donation may be provided for use by an institution of higher education in New York State in which Gross Anatomy is an integral and required component of an accredited program to educate health professionals, provided the institution is licensed by the New York State Department of Health as a whole body user.

I understand that a portion of my donation may be retained for archival purposes.

I acknowledge that I meet the Program criteria for donation of my body. (as noted in the Q&A section of the brochure)

Donor's signature: _____

Donor name (please print): Mr. Mrs. Ms. Miss _____

Date of pledge: ____/____/____ Donor's Weight: _____ Donor's Height: _____

Donor's Social Security number: - - Donor's date of birth: ____/____/____

Donor's present address: _____
street city state zip

Donor's phone number: - -
area code

Witness signature: _____

Witness address: _____
street city state zip

Witness phone number:
area code

UPSTATE

MEDICAL UNIVERSITY

Please return completed forms to:

Department of Cell and Developmental Biology
SUNY Upstate Medical University
Anatomical Gift Program
750 E. Adams St., Rm 1133WH
Syracuse, NY 13210

INCOMPLETE FORMS WILL BE RETURNED