

Anatomical Gift Pledge Form

(Please return this completed form to the address listed below.
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 Department of Cell and Developmental Biology at the SUNY Upstate Medical University to be used as an unrestricted gift for the advancement of medical education and research. If I am geographically closer to another medical college at the time of death, I am (I am not), willing to have my body delivered there.

In connection with this pledge, I have received and reviewed the Anatomical Gift Program brochure. I authorize my physician, or hospital, to release my lab reports and patient history relating to illness at time of death should this information be necessary to rule out communicable disease.

Mr. Mrs. Ms. Miss

Donor name (please print): _____

Donor signature: _____

Date of pledge: _____

Witness signature: _____

Witness signature: _____

Social Security number of donor: _____

Date of birth of donor: _____

Present address of donor: _____

Phone number of donor: _____

Yes, I have discussed my wishes with my family, and they agree with my decision.

Department of Cell and Developmental Biology
SUNY Upstate Medical University
750 East Adams Street, Syracuse, NY 13210