



If you wish to have your name added to the Michigan Organ and Tissue Donor Registry:

1. Check the box on the right
2. Sign your name on the line to the right _____

First Name _____ M Last Name _____

Driver License _____

Male Female Date of Birth _____

Street Address _____ City or Township _____

State _____ Zip _____

How did you hear about IAOD and/or "Quest for Life" Workplace Campaign?

Work (Quest for Life Campaign):

- Ford DaimlerChrysler GM UAW Compuware

(If you are (or were) a member of UAW, but employed at DaimlerChrysler, Ford, or GM, please indicate your company, not UAW)

Name of Plant or Office Location: _____

- Newspaper / Newsletter / Magazine Another Website
 Radio / Television Word of Mouth
 Other

I wish to donate the following organs

Please type below which organs and separate by comma

Witness _____

Witness _____

Date _____

International Association for Organ Donation

P.O. Box 545 - Dearborn, Mi 48121-0545
 (313) 745-2235
 (313) 745-4509
 www.iaod.org