Working Together to Transform Lives Through Organ and Tissue Donation
iowaDonorNetwork.org

ONE DONOR MAY GIVE MANY GIFTS

- HEART
- LUNGS
- LIVER
- KIDNEYS
- PANCREAS
- INTESTINE
- CORNEA
- TENDONS
- VALVES
- VEINS
- SKIN
- BONES

An individual’s donation status does not affect medical care. The first priority of medical professionals is to save lives.

Anyone, regardless of age, race or medical history, can register to be an organ, tissue and eye donor.

There is no cost to the donor or his/her family for organ, tissue or eye donation.

An open casket or viewing is possible with organ, tissue, and eye donation.

“We always encourage people to become a registered donor. Our son Garrett has impacted hundreds, if not thousands of lives through his gifts – both directly and indirectly. Knowing he lives on through others and that their quality of life is so much better because of his gifts brings us great joy.”

TIFFINI BROCKWAY, DONOR MOM
YOU HAVE THE POWER TO DONATE LIFE
BE AN ORGAN, TISSUE AND EYE DONOR

REGISTER through the DMV, DNR, or online at IowaDonorNetwork.org
SHARE your decision with your family
ENCOURAGE others to become organ, tissue and eye donors

REGISTER TO SAVE LIVES

Please print clearly on the form below if you DO NOT have the word “DONOR” on your Iowa state-issued identification card.

By registering as a donor you authorize your organs, corneas and tissues to be donated at the time of your death. Organs and tissues will be recovered for the purpose of transplantation; however, in the event a donated organ, eye, or tissue cannot be used for transplant, an effort will be made to use the donation for research unless you indicate otherwise.

Name: ____________________________________________
Address: ____________________________________________
City: ____________________________________________
State: _______ Zip: _______ Phone: ________________________
State Issued ID #: ________________________
Email: ____________________________________________
Birth Date: ____________________________________________

☐ Transplant Only  ☐ Research Only  ☐ Both

Are you registering in honor of someone?

☐ No  ☐ Yes  Name: ________________________________

☐ Send me information about living donation

By providing your signature you are agreeing that the information you have supplied is true and accurate and you understand IDN will upload this document in good faith to the online registry.

Signature: ____________________________________________
Date: ____________________________________________

Mail completed form to: 550 Madison Avenue, North Liberty, IA 52317