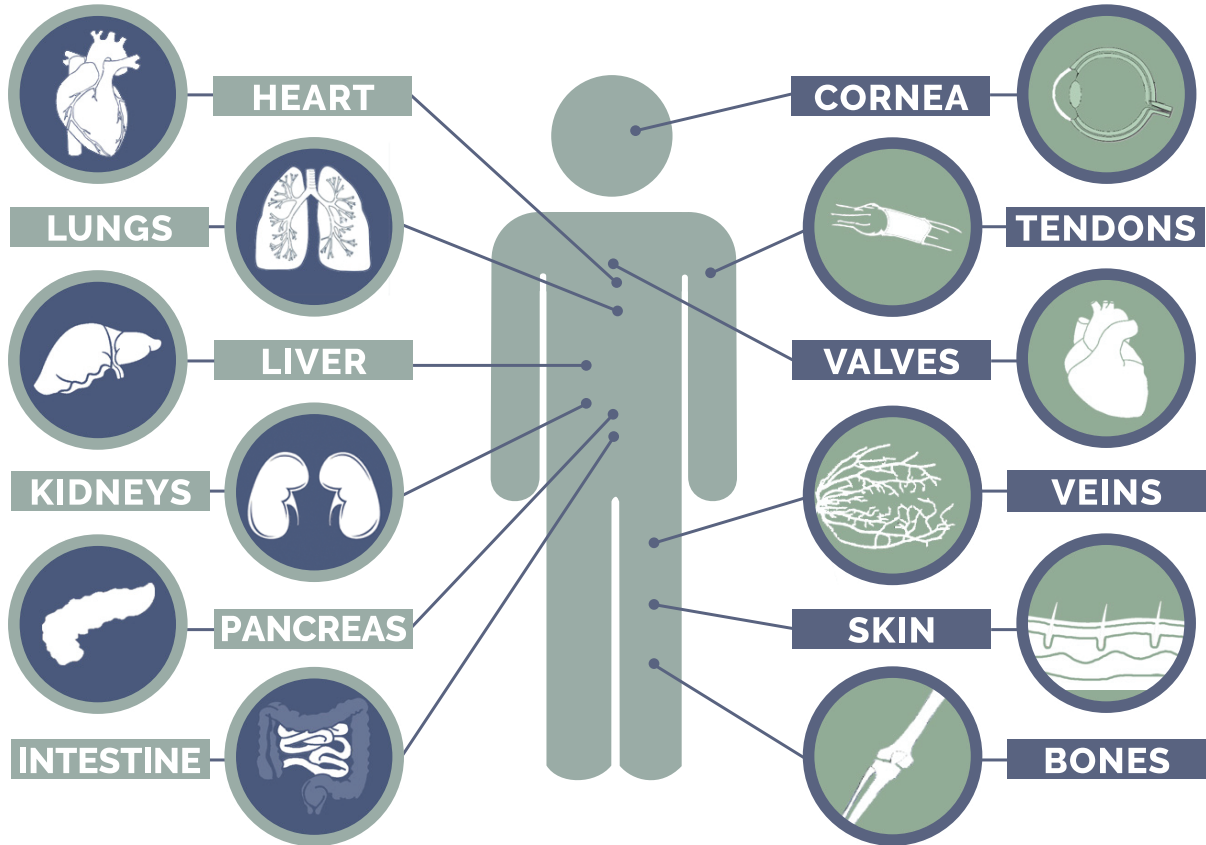




Working Together to Transform Lives Through Organ and Tissue Donation

IowaDonorNetwork.org

ONE DONOR MAY GIVE MANY GIFTS



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