



Uniform Donor Card
(Signature of donor and TWO witnesses required)

Donor's signature

Date

Address

City

State

Zip

Witness

Date

Witness

Date

Print or type donor's name

I WISH TO DONATE

_____ **Any needed organs or tissues**

-OR-

_____ **Cornea (eyes)** _____ **Skin** _____ **Bone** _____ **Kidneys**

_____ **Heart** _____ **Liver** _____ **Pancreas** _____ **Other**

Card provided by the Arkansas Lions Eye Bank and Laboratory
4301 W. Markham St., Slot 523-I
Little Rock, Arkansas 72205
Phone 501-666-3937