

Your next-of-kin has the responsibility of  
conveying your wishes to be a donor.  
**PLEASE DISCUSS DONATION WITH YOUR FAMILY**  
For more information, please call:

***HEARTLAND***  
**LIONS EYE BANKS**  
*Your Sight Is Our Vision!*

Columbia, MO . Springfield, MO . St. Louis, MO  
Kansas City, MO . Springfield, IL . Hays, KS

# DONOR CARD

Sponsored by the Heartland Lions Eye Bank

*In the hope that I may help others, I wish to make this anatomical gift to take effect upon my death.*

For the purpose of transplantation or medical research, I give:

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> EYES     | <input type="checkbox"/> Heart           | <input type="checkbox"/> Bone & Soft Tissue |
| <input type="checkbox"/> Lungs    | <input type="checkbox"/> Kidneys         | <input type="checkbox"/> Vascular Grafts    |
| <input type="checkbox"/> Liver    | <input type="checkbox"/> Small Intestine | <input type="checkbox"/> Skin               |
| <input type="checkbox"/> Pancreas | <input type="checkbox"/> Heart Valves    | <input type="checkbox"/> Other _____        |

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date