Leaving a

LEGACY OF LOVE

through

ORGAN, EYE AND TISSUE DONATION

Saying yes to organ, eye and tissue donation saves the lives of the sick and heals the injured.

REGISTER TO BE A DONOR. INSPIRE OTHERS TO DO THE SAME.

Every year, organ, eye and tissue transplants provide lifesaving and healing hope to tens of thousands of people suffering from disease, injury, trauma or blindness.

Registering as an organ, eye and tissue donor is a loving act of compassion and love.

Talk to your leaders if you have any specific questions about organ, eye and tissue donation and its impact on your faith and register today. If you are already registered as a donor, please talk with your family about your decision.

Ultimately, life is about faith, hope and love. Each one of us has the power to give the gift of life and help those who are waiting for a lifesaving transplant.

FAITH AND DONATION

- All major religions support organ, eye and tissue donation.
- More than 2,500 people are waiting for a lifesaving transplant in Colorado.
- Anyone regardless of age and health can register as an organ, eye and tissue donor.
- One single donor can save up to 8 lives through organ donation and heal more than 75 lives through tissue donation.



Register online today or by filling out and mailing the form on the back of the bulletin.

Donate Life Colorado Organ & Tissue Donor Registry Enrollment Form

Joining the Donor Registry means you have elected to save lives by donating your organs, eyes and tissues at the time of your death.

Before filling out this form, check your driver's license or ID card. If there is a "�" on the front, you are already enrolled in the Organ & Tissue Donor Registry and there is no need to submit this form unless your information has changed.	
Yes, I want to be an organ, eye and tissue donor. By signing my name below I am confirming my desire to have my name entered into the Donor Registry.	
☐ I already have a "♥" on the front of my driver's license and would like to update my record.	
	Male _
	Female
Full Name: (FIRST MIDDLE LAST)	
Residential Address:	
	(STREET)
(CITY STATE ZIP)	
Phone: ()	<u> </u>
Email (required):	
Date of Birth (required):	
Driver's License or State ID Number (required): If there are specific organs and tissues you do not wish to donate, write them here (single restrictions; no narrative):	
State law prohibits Registry information from being sold or shared with any company or government agency. Your registry status is only accessed at the time of death by those agencies directly involved in the organ, eye and tissue donation process as outlined by state law.	
SIGNATURE DATE	
PARENT/GUARDIAN SIGNATURE DATE (IF ENROLLEE IS UNDER 18 YEARS OF AGE)	
Colorado state statutes require your signature to verify	your desire to have your name entered in the Donor Registry.
MAIL TO: Colorado Donor Registry c/o Donor Alliance 720 South Colorado Blvd., Suite 800-N Denver, CO 80246	DA DA
Colorado	