

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.
- Nearly 200 people are waiting for a lifesaving transplant in Wyoming.
- 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.



Wyoming

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

DonateLifeWyoming.org

Donate Life Wyoming 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.

Please print the following information: Male
 Female

Full Name: _____
(FIRST MIDDLE LAST)

Residential Address: _____
(STREET)

(CITY STATE ZIP)

Phone: () _____

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)

Wyoming state statutes require your signature to verify your desire to have your name entered in the Donor Registry.

MAIL TO:
Wyoming Donor Registry
c/o Donor Alliance
720 South Colorado Blvd., Suite 800-N
Denver, CO 80246



DA



To obtain free resources to help educate your faith community on the lifesaving gift of organ, eye and tissue donation, visit: www.DonorAlliance.org/faithanddonation