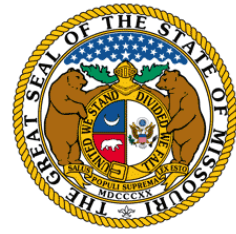




MISSOURI ORGAN and TISSUE DONOR PROGRAM

EMBLEM USE AUTHORIZATION STATEMENT



ORGANIZATION CONTACT INFORMATION	APPLICANT INFORMATION		
MISSOURI ORGAN AND TISSUE DONOR PROGRAM ATTN: SPECIALITY PLATE DEPARTMENT OF HEALTH AND SENIOR SERVICES PO BOX 570 JEFFERSON CITY, MO 65102-0570 573- 522-2864 OR 888-497-4564 Email: organdonor@health.mo.gov Web: www.missouriorgandonor.com	NAME (LAST, FIRST, MIDDLE)		
	MAILING ADDRESS		
	CITY	STATE	ZIP
	TELEPHONE NUMBER		
	E-MAIL ADDRESS		
CONTRIBUTION INFORMATION (To be completed by the Organ and Tissue Donor Program.)			
CONTRIBUTION AMOUNT*: \$ _____		PAYMENT DATE: _____	
<p>*Note: The minimum contribution for a single year registration is \$25. The minimum contribution for a biennial (two-year) registration is \$50.</p>			
AUTHORIZED SIGNATURE: _____			
<input type="checkbox"/> ORIGINAL AUTHORIZATION STATEMENT		<input type="checkbox"/> DUPLICATE AUTHORIZATION STATEMENT	
DOR USE ONLY			
ANNUAL/INITIAL REGISTRATION		INITIAL PLATE PICK-UP/BIENNIAL REGISTRATION	

You have the power to donate life.