

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF COMMUNITY AND PUBLIC HEALTH

MISSOURI ORGAN DONOR PROGRAM FUND VOLUNTARY CONTRIBUTION

DONATE LIFE

Missowri

Your gift supports organ, eye and tissue donation education, the Donate Life Missouri Registry (Registry), and program initiatives. The Registry is a confidential list of potential organ, eye and tissue donors maintained by the Missouri Department of Health and Senior Services. An online contribution option is available at https://health.mo.gov/about/online-payment.php. Click "Pay Online" and then choose the green "Donate" button.

Visit www.DonateLifeMissouri.org for more information about organ, eye and tissue donation. Email questions to or call toll-free 888-497-4564 for assistance.

Thank you for your generous gift.

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CONTRIBUTION INFORMATION			
NAME (LAST)			
(FIRST)		(MIDDLE)	(SUFFIX)
MAILING ADDRESS			
(CITY)		(STATE)	(ZIP CODE)
CHECK OR MONEY ORDER	PHONE NUMBER		☐ MOBILE
Make Payable to:			□ LAND LINE□ WORK
Organ Donor Program Fund 0824	AMOUNT EN	CLOSED	
Please do not send cash.	\$		\Box MONEY ORDER

Please mark if applicable: The gift is in memory of the life of	_ (optional)
\square The gift is in celebration of the life of	_ (optional)
 To obtain the "Be An Organ Donor" specialty license plate. (\$25.00 for one year, \$50.00 for two years) Option: Complete the specialty plate application online. For mor information visit: https://health.mo.gov/living/organdonor/applylicenseplate.php. 	·e
☐ I want additional information about Donate Life Missouri. Plus be a brochure.	lease mail
FOR MORE INFORMATION – CALL TOLL-FREE – 888-497-4564	
Please mail the completed form and check or money order to: Missouri Organ and Tissue Donor Program Missouri Department of Health and Senior Services Attn: FEE RECEIPTS PO Box 570 Jefferson City, MO 65102-0570	
The Missouri Organ and Tissue Donor Program will mail you a letter within 30 days of receipt.	thank you