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UNIFORM DONOR CARD

I \_\_\_\_\_ have spoken to my family  
about organ and tissue donation.

I wish to donate the following:

\_\_\_ Any needed organs and tissue.

\_\_\_ Only the following organs and tissue: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date

The following people have witnessed that I have  
chosen to pledge the gift of life:

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Place this portion in your wallet.

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Witness \_\_\_\_\_

Witness \_\_\_\_\_

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Print, detach and return this bottom portion to  
The Masonic Temple  
One North Broad Street  
Philadelphia, PA. 19107-2598.