

# Anatomical Gift Pledge Form

Please return this completed form to the address listed below or in the envelope provided. You will receive a donor card for your wallet.

This statement is to certify that I wish at the time of my death, shall I meet the program criteria for acceptance, to be transported and delivered to the Anatomical Gift Program at SUNY Upstate Medical University to be used as an unrestricted gift to help further medical advancements and education.

In connection with this pledge, I have received and reviewed the Anatomical Gift Program brochure and understand its contents. I have had any questions fully answered and understand that I must meet the program requirements (height, weight, infectious-contagious-communicable disease exclusions, etc.) at the time of my death. I understand that a pledge to donate does not guarantee acceptance and that it may be necessary for another choice of disposition should the program be unable to honor my wish.

I understand that this donation may be provided for use by an institution of higher education in New York State in which Gross Anatomy is an integral and required component of an accredited program to educate health professionals and allied health professionals, provided the institution is licensed by the New York State Department of Health as a whole body user.

I understand that a portion of my donation may be retained for archival purposes.

**I acknowledge that I meet the Program criteria for donation of my body. (as noted in the Q&A section of the brochure)**

Donor's signature: \_\_\_\_\_

Donor name (please print): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss \_\_\_\_\_

Date of pledge: \_\_\_\_/\_\_\_\_/\_\_\_\_ Donor's Weight: \_\_\_\_\_ Donor's Height: \_\_\_\_\_

Donor's Social Security number:  -  -  Donor's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Donor's present address: \_\_\_\_\_  
street city state zip

Donor's phone number:  -  -   
area code

Witness signature: \_\_\_\_\_

Witness address: \_\_\_\_\_  
street city state zip

Witness phone number:  -  -   
area code

## Please return completed forms to:

Department of Cell and Developmental Biology  
SUNY Upstate Medical University  
Anatomical Gift Program  
750 E. Adams St., Rm 1133WH  
Syracuse, NY 13210

**UPSTATE**  
MEDICAL UNIVERSITY

**INCOMPLETE FORMS WILL BE RETURNED**