



EMERGENCY CONTACT INFORMATION

Please complete the following Donor and Emergency Contact information so that we may include the proper information on your wallet card.

Donor Information:

DONOR'S NAME:

DONOR'S ADDRESS:

Emergency Contact Information

NAME:

COMPLETE ADDRESS:

RELATIONSHIP TO DONOR:

TELEPHONE NO.:

Please notify our office if this information changes so that we may send an updated wallet card with the proper imprinted information.

Return with the Declaration of Consent form to:

University at Buffalo
Jacobs School of Medicine and Biomedical Sciences
Department of Pathology and Anatomical Sciences
Anatomical Gift Program
128 Farber Hall
3435 Main Street
Buffalo, NY 14214-3000