

EXTREMELY IMPORTANT: Please Hand Deliver to Dealer and GM

NYSADA ORGAN DONATION PROGRAM

NYSADA is requesting that every member dealership participates in our initiative to increase the organ donation registry. Please recognize that New York State is almost last in donations and through our extensive dealership network, we have the opportunity to change that!

What is our purpose in living if not to ultimately help our friends and neighbors? We must donate life to others in desperate need when our organs can no longer be of use to us! – Rob Certilman, NYSADA Chairman

ORGAN DONATION FACTS

- As few as 12% of New Yorkers age 18 and over are registered with the Department of Health to donate their organs as compared to 42% nationally.
- Organ and tissue recovery takes place only after all efforts to save your life have been exhausted and death has been legally declared
- One organ donor can save up to 8 lives. An average of 18 people die nationally every day due to the lack of transplantable organs
- All major religions fully support organ and tissue donation
- There are no age limits or health restriction when you register your willingness to donate
- NYSADA members and their employees have the perfect opportunity to sign up donors on the happy occasion of buying a new vehicle!

REGISTRATION INSTRUCTIONS

- Please place the attached poster in a central and visible area and orient your employees to its location
- Acquaint employees (especially sales people) with the mission of saving lives through organ donation and dealership commitment to increasing our State's number of donors.
- NYSADA asks that you integrate the brief one page registration form as a part of the routine documents that a customer completes when purchasing a new vehicle.
- The official registration document can be found and photocopied on the back of this sheet or downloaded at:
http://www.health.ny.gov/forms/organ_donation_enrollment_form.pdf
or
www.nysada.com
or
<https://my.dmv.ny.gov/crm/>
- Scan and email the completed form to organdonor@nysada.com or fax to 518-432-1309. NYSADA will immediately remit the forms to the NYS Department of Health
- Please direct all donation questions/concerns to the New York State Department of Health's toll free line: 1-866-693-6667
- For extra posters or copies of this sheet please contact Caitlin Abram at 518-463-1148 x203 or caitlin@nysada.com



NYS Donate Life Organ and Tissue Donor Registry Enrollment Form

Please Print (* required)

Prefix: _____ (Dr., Fr., etc)

*First Name: _____

Middle Init: _____

*Last Name: _____

Suffix: _____ (Jr, Sr, II, etc)

*Address: _____

*City: _____ *State: _____ *Zip: _____

Phone: (____) _____ - _____

*Date of Birth: ____/____/____ *Gender: ____ Male ____ Female

*Height: ____ feet ____ inches *Eye Color: _____

9- digit Motor Vehicle license or
non-driver license DMV issued ID number: _____

* I offer the donation of:

- All Organs, Tissues and Eyes
- Limited Organs, Tissues and Eyes as specified below

Please CHECK the box of the organs and tissues that YOU WISH TO DONATE:

- | | |
|---|---|
| <input type="checkbox"/> Bone and Connective Tissue | <input type="checkbox"/> Liver/Iliac Vessels |
| <input type="checkbox"/> Corneas | <input type="checkbox"/> Lungs |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Pancreas (with Iliac Vessel) |
| <input type="checkbox"/> Heart (For Valves) | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Heart with Connective Tissue | <input type="checkbox"/> Small Intestine |
| <input type="checkbox"/> Kidneys | <input type="checkbox"/> Veins |

* I wish to donate the organs and or tissues specified above for:

- Transplantation and Research
- Transplantation only
- Research only

I wish to enroll in the New York State Donate Life Organ and Tissue Donor Registry maintained by the State Department of Health. I understand that by enrolling in the registry I am giving legal consent to the donation of my organs tissues and eyes (as specified above) in the event of my death. I authorize the State Department of Health to access this information as needed in administration of the registry, and to share this information at or near the time of my death with federally regulated organ procurement organizations, New York State licensed tissue and eye banks and entities formally approved by the Commissioner.

_____/_____/_____
Signature Date



Scan and Email form to: organdonor@nysada.com
or fax form to: 518-432-1309