



**CARROLL SHELBY  
FOUNDATION**

*Helping Kids in the Race of Life...*

## Organ Donor Card

Name:

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Address:

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City:

State:

Zip Code:

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DOB:

Blood type:

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In case of emergency

Name:

Phone number:

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Relationship:

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see reverse for instructions

I, \_\_\_\_\_, have spoken to my family about organ and tissue donation. The following have witnessed my commitment to be a donor.

I wish to donate:

Any organs and tissues

Only the following organs and tissues

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Donor signature:

Date:

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Witness:

Date:

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Witness:

Date:

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This is a legal document under the Uniform Anatomical Gift Act or similar law. It is to be retained by person signing as doctor.

[www.cscf.org](http://www.cscf.org)