

# Weill Cornell Medicine

## DONOR CARD

**Program in Gross Anatomy  
& Body Visualization**

1300 York Ave, New York, NY  
10021  
(212) 746-5677



In the interest of medical education; I, the undersigned, wish to donate my body to Weill Cornell Medical College at the time of my death

\_\_\_\_\_  
Signed by donor

\_\_\_\_\_  
Signed by witness

\_\_\_\_\_  
Date signed

### Donor Information

Name (Print)

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone

\_\_\_\_\_

### Next of Kin Information

Name (Print)

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone

\_\_\_\_\_