



**Associated Medical Schools of New York**

- Albany Medical College
- Albert Einstein College of Medicine
- Columbia University Vagelos College of Physicians and Surgeons
- CUNY School of Medicine
- Icahn School of Medicine at Mount Sinai
- Jacobs School of Medicine and Biomedical Sciences, the University at Buffalo
- New York Institute of Technology College of Osteopathic Medicine
- New York Medical College
- New York University School of Medicine
- School of Medicine and Dentistry at the University of Rochester Medical Center
- Stony Brook University School of Medicine
- SUNY Downstate Medical Center
- SUNY Upstate Medical University
- Touro College of Osteopathic Medicine
- Weill Cornell Medicine
- Zucker School of Medicine at Hofstra/Northwell

(Please print or type name of donor)

Address:

Phone Number:

In the hope that my gift may help others, I hereby express my wish to donate my body- neither embalmed nor autopsied- immediately following my death for the purpose of medical research or education.

**PLEASE INDICATE PREFERENCE BELOW:**

I would like to donate my body to the following institution:

(Please print or type name of institution)

As a way of providing an even distribution of pledges, I would like the Associated Medical Schools of New York to select one of the participating institutions to receive my pledge.

Signed by donor:

If you are signing on behalf of donor, please indicate your relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Where did you hear about our organization? \_\_\_\_\_