



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

NYU Langone Health

NYU Grossman
School of Medicine

NYU Long Island
School of Medicine

New York Institute of
Technology College of
Osteopathic Medicine

New York Medical College

Renaissance School of
Medicine at Stony Brook
University

School of Medicine and
Dentistry at the University of
Rochester Medical Center

SUNY Downstate
Health Sciences University

Norton College of Medicine at
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? _____