

Organ Donation Preferences

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], residing at [Your Address], wish to express my preferences regarding organ donation in the event of my passing.

Organ Donation Preferences

I hereby provide my consent for the following:

- I would like to donate all my organs and tissues.
- I would like to donate specific organs: [List specific organs].
- I do not wish to donate any organs or tissues.

Additional Information

In the case of my organ donation, I request that my family be informed of my decision and that my wishes be honored. Furthermore, I understand that I may update or revoke this consent at any time.

Thank you for respecting my preferences.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]