

**Associated  
Medical Schools  
of New York**

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\_\_\_\_\_  
(Please print or type name of donor)

Albany Medical College

Address: \_\_\_\_\_

Albert Einstein  
College of Medicine of  
Yeshiva University

\_\_\_\_\_

Columbia University,  
College of Physicians  
and Surgeons

Phone Number: \_\_\_\_\_

Mount Sinai  
School of Medicine

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.

New York College of  
Osteopathic Medicine

New York Medical  
College

**PLEASE INDICATE PREFERENCE BELOW BY CHECKING A OR B**

New York University  
School of Medicine

Sophie Davis School of  
Biomedical Education at  
CUNY

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

Stony Brook University  
Medical Center

\_\_\_\_\_

(Please print or type name of institution)

SUNY Downstate  
Medical Center

SUNY Upstate Medical  
University

B 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.

Touro College of  
Osteopathic Medicine

University at Buffalo,  
School of Medicine and  
Biomedical Sciences

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

University of Rochester  
School of Medicine and  
Dentistry

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

Weill Cornell Medical  
College

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