



Missouri Organ Donor Program

Emblem Use Authorization Statement



ORGANIZATION CONTACT INFORMATION APPLICANT INFORMATION

MISSOURI ORGAN DONOR PROGRAM
ATTN: SPECIALTY PLATE
VIRGINIA BEATTY, PROGRAM MANAGER
DEPARTMENT OF HEALTH & SENIOR SERVICES
PO BOX 570
JEFFERSON CITY MO 65102-0570
(573) 522-2864 OR 888-497-4564
ORGANDONOR@DHSS.MO.GOV

NAME (LAST, FIRST, MIDDLE)		
MAILING ADDRESS		
CITY	STATE MO	ZIP
TELEPHONE NUMBER		
E-MAIL ADDRESS		

CONTRIBUTION INFORMATION (To Be Completed by the Organ Donor Program)

CONTRIBUTION AMOUNT*: \$ _____ PAYMENT DATE: _____

*NOTE: The minimum contribution for a single year registration is \$25.00.
 The minimum contribution for a biennial (two-year) registration is \$50.00.

AUTHORIZED SIGNATURE: _____

ORIGINAL AUTHORIZATION STATEMENT **DUPLICATE** AUTHORIZATION STATEMENT

DOR USE ONLY

ANNUAL/INITIAL REGISTRATION	INITIAL PLATE PICK-UP/BIENNIAL REGISTRATION