



DONATE LIFE LOUISIANA IS A COLLABORATION BETWEEN THE LOUISIANA ORGAN PROCUREMENT AGENCY AND THE LEGACY DONOR FOUNDATION.

The mission of Donate Life Louisiana is to educate the citizens of Louisiana about organ and tissue donation, encourage them to register as donors, and foster family acceptance of the process. We envision a world with no loss of human life or function due to the lack of donor organs or tissues and a society that accepts and supports donation as natural and beneficial.

For more information on organ donation visit www.organawareness.org

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DONATE LIFE LOUISIANA
P.O. Box 15680
New Orleans, LA 70175



Get your  on.
Donate Life. Leave a Legacy.

BE AN ORGAN & TISSUE DONOR

Thousands of Americans are in critical need of an organ, tissue or cornea transplant in order to have a second chance of living a full life.

Too many of them will die unnecessarily because too few people say “yes” to organ donation. Use this brochure to learn more about becoming a donor and please share the information with family and friends. Your decision can save lives!

ABOUT ORGAN & TISSUE DONATION

Over 100,000 men, women and children are on the national transplant waiting list. Every 12 minutes another person is added. In Louisiana over 1,800 people are waiting for organ transplants, 90% of whom are waiting for kidneys.

Nearly 20 people each day die unnecessarily because there are too few organ donors. This adds up to thousands of people per year.

One organ donor can save up to 9 lives and enhance the lives of 50 more through tissue donation. Donations may include:

ORGANS

heart
lungs
kidneys
liver
pancreas
intestines

TISSUES

corneas
heart valves
bones
skin
tendons



Donated organs provide a second chance at life. Tissue replaces ligaments, bone and tendons lost or damaged by disease or injury. Corneas restore sight. Heart valves mend cardiac defects and damage. Skin grafts save and enhance the lives of burn victims.

What really counts when selecting organ recipients from a waiting list is how sick you are, how long you have been waiting, blood type and other relevant medical information.



THERE ARE A LOT OF MYTHS ABOUT ORGAN DONATION, BUT ONLY THE FACTS COUNT.

- Your decision to donate will not interfere with **life-saving** medical care. Organ and tissue donation is only an option after all attempts have been made to save your life and death has been declared.
- Anyone can potentially be a donor regardless of age, race or medical history. Cancer, heart disease, diabetes, poor eye sight or cataracts will not prevent you from being a **donor**.
- All major **religions approve** of organ, tissue and eye donation, and even see it as an unselfish act of charity.
- **Donation** does not prevent open casket funerals.
- Organs and tissue are surgically removed and the donor is treated with utmost **dignity and respect**.
- There is **no cost** to the donor or their family for organ, tissue and eye donation.
- It is **illegal** to distribute organs based on wealth, citizenship, or celebrity status.
- It is illegal to **buy or sell** organs for transplantation in the United States.
- Let family members know about your decision to become an organ, tissue and eye donor. Only then can they **support** your decision to give the *Gift of Life*

GIVE THE GIFT OF LIFE. BECOME AN ORGAN, EYE AND TISSUE DONOR!

Once you have made the decision to become an organ, eye and tissue donor, it is important that you add your name to Louisiana’s Organ and Tissue Donor Registry.

YOU MAY DO THAT BY:

1. completing the attached form and mailing it to:
P. O. Box 15680, New Orleans, LA 70175
2. saying “yes” to organ donation when you get or renew your driver’s license
3. going to www.DonateLifeLA.org

SHARE YOUR WISHES TO BECOME A DONOR. TALK WITH YOUR FAMILY ABOUT ORGAN DONATION.

TAKE THIS IMPORTANT STEP NOW!

Communicate your wishes to be an organ, eye and tissue donor with your family. Then they can support your decision to give the *Gift of Life*.



YES, I want to register to become an organ, tissue and eye donor! All information will be kept strictly confidential.

NAME: _____
First Mi Last

DATE OF BIRTH: _____
MM / DD / YYYY

ADDRESS: _____

City St. Zip

E-MAIL: _____
(Optional to send confirmation)

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