HALO
Healthcare Advocacy and
Leadership Organization
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I REFUSE TO BE AN ORGAN DONOR

I, _____ ,

REFUSE TO BE AN ORGAN DONOR.

Do not perform an apnea test.
Do not notify an organ procurement organization if I appear to be at or near death.

Do not take any organs for transplantation or research.

Signature: _____

Witness: _____

Witness: _____

Date: _____