

**National Ataxia Foundation Brain Donation Pre-Plan Donor Information Form**

I am interested in putting a pre-plan in place for my brain to be donated for research in ataxia.

**Donor's Contact Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ What is your specific ataxia diagnosis? \_\_\_\_\_

When and how was your diagnosis made? \_\_\_\_\_

Current health status: \_\_\_\_\_

\_\_\_\_\_

Who is your neurologist? \_\_\_\_\_

If you have you been seen at an ataxia clinic, which one? \_\_\_\_\_

Have you selected a funeral home? \_\_\_\_\_ If so, what is the name, address, and phone number of the funeral home?

\_\_\_\_\_

\_\_\_\_\_

**Secondary Contact Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

I give permission to the National Ataxia Foundation (NAF) to contact its academic partners on my behalf. I am agreeing that they may contact me regarding brain donation. Electronic signature accepted.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*If you have any questions or choose to withdraw from NAF brain donation program, please contact NAF by calling 763-553-0020 or email mary@ataxia.org.*