

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? _____

How old were you when Ataxia symptoms began? _____

What date were you diagnosed? _____

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.