

Apply Today for the Donate LifeSM License Plate

Organ Donors Save Lives



Benefitting
Donate Life
North Carolina
and
organ, tissue and
eye transplant
recipients and
donor families

Carolinas Medical Center
(Charlotte)

Duke University Medical
Center (Durham)

East Carolina University
Medical Center (Greenville)

UNC Health Care (Chapel
Hill)

Wake Forest Baptist Health
(Winston-Salem)

3 Easy Steps

1. Complete the Application Form on the reverse side of this page.
2. Write your check payable to:
"Donate Life North Carolina"
3. Mail the application and fee to:
Donate Life North Carolina
3900 Westpoint Blvd., Suite F
Winston-Salem, NC 27103

****License Plates will begin production when 300 applications are received. Your funds will be held in trust by Donate Life North Carolina until then. You will be notified when production begins.**

APPLICATION FOR A **DONATE LIFE** LICENSE PLATE

Remit a \$20.00/\$50.00 check or money order with this application.

Regular Donate Life **\$20.00**

Personalized Donate Life **\$50.00**

NOTE: You are allowed four (4) spaces for a personalized message. ___ _ _ _

When applying for a Personalized Donate Life license plate, the prefix/suffix will be the first/last letters on the plate. This leaves only four (4) spaces for a Personalized message. The four spaces may be a combination of letters and numbers, but cannot be numbers only. Choice cannot conflict with another class of license plates.

The \$20.00/\$50.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.

Home	NAME (To agree with certificate of title)		
_____	_____	_____	_____
AREA CODE-TELEPHONE NUMBER	FIRST	MIDDLE	LAST
Office	_____		
_____	ADDRESS		
AREA CODE-TELEPHONE NUMBER	_____		
E-mail	_____		
E-MAIL ADDRESS	_____		
Current North Carolina	_____		
_____	Vehicle Identification Number		
Plate Number	_____		
_____	Year	Model	Make
Driver License #	Body Style		

Owner's Certification of Liability Insurance

I CERTIFY FOR THE MOTOR VEHICLE DESCRIBED ABOVE THAT I HAVE FINANCIAL RESPONSIBILITY AS REQUIRED BY LAW.

PRINT OR TYPE FULL NAME OF INSURANCE COMPANY AUTHORIZED IN N.C. – NOT AGENCY OR GROUP

POLICY NUMBER – IF POLICY NOT ISSUED, NAME OF AGENCY BINDING COVERAGE

SIGNATURE OF OWNER

DATE OF CERTIFICATION