

Apply Today for the Donate LifeSM License Plate

• Organ Donors Save Lives •



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NORTH CAROLINA

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

Carolinas Medical Center
(Charlotte)

Duke University Medical
Center (Durham)

Vidant Health (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 <hr/> <small>AREA CODE-TELEPHONE NUMBER</small>	NAME (To agree with certificate of title) <hr/> <table style="width: 100%; border: none;"><tr><td style="width: 33%; text-align: center;">FIRST</td><td style="width: 33%; text-align: center;">MIDDLE</td><td style="width: 33%; text-align: center;">LAST</td></tr></table>			FIRST	MIDDLE	LAST	
FIRST	MIDDLE	LAST					
Office <hr/> <small>AREA CODE-TELEPHONE NUMBER</small>	ADDRESS <hr/>						
E-mail <hr/> <small>E-MAIL ADDRESS</small>	CITY STATE ZIP CODE <hr/>						
	Current North Carolina <hr/> Plate Number <hr/> Driver License # <hr/>	Vehicle Identification Number <hr/> <table style="width: 100%; border: none;"><tr><td style="width: 25%; text-align: center;">Year</td><td style="width: 25%; text-align: center;">Model</td><td style="width: 25%; text-align: center;">Make</td><td style="width: 25%; text-align: center;">Body Style</td></tr></table>		Year	Model	Make	Body Style
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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