

**GENERAL INFORMATION SHEET**

**Donor Information Full Name** \_\_\_\_\_  
Last First Middle Maiden Name

**Also Known As (AKA), if any** \_\_\_\_\_  
Last First Middle Maiden Name

**Residence Address:** \_\_\_\_\_  
Street Address Apt # P O Box City/Municipality State Zip Code County \_\_\_\_\_

**If your residence lies within a Township, list the Township** \_\_\_\_\_  
Name of Township County \_\_\_\_\_

**Telephone** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Sex**  M  F  
Area Code

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_  
City & State OR City & Foreign Country

**Education: (Highest degree or level of school completed at time of death)**

- Grade 8 or less     Grade 9-12, no diploma     High School graduate or GED
- Some college credit, no degree     Associate degree (AA, AS)     Bachelor's degree (BA, AB, BS)
- Master's degree (MA, MS, MEd, MSW)     Doctorate (PhD, EdD or Professional degree (MD, DDS, JD))

**Race:**  White     Black or African American     American Indian or Alaska Native  
(Enrolled or principle tribe) \_\_\_\_\_

- Asian Indian     Filipino     Korean     Chinese     Japanese     Vietnamese
- Other Asian (Specify) \_\_\_\_\_     Native Hawaiian     Guamanian or Chamorro
- Samoan     Other Pacific Islander (Specify) \_\_\_\_\_     Other (Specify) \_\_\_\_\_

**Of Hispanic origin?**  YES  NO - If YES, specify  Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican     Yes, Cuban     Yes, Other Spanish/Hispanic/Latino (Specify) \_\_\_\_\_

**U.S. Armed Forces**  YES  NO *If YES, from* \_\_\_\_\_ *to* \_\_\_\_\_ **Name War/Conflict** \_\_\_\_\_

**Employment - if Retired (list past employment):** \_\_\_\_\_ **In what kind of business**  
**List PRIMARY lifetime occupation** \_\_\_\_\_ **or Industry** \_\_\_\_\_

**Name and Address of this PRIMARY employer** \_\_\_\_\_  
Name, Address, City and State

**PLEASE TURN FORM OVER AND COMPLETE OTHER SIDE** →→→→→→→→

