





# Wallet Cards For Maine Advance Directives

Cut out and complete the cards below. Put one card in the wallet or purse you carry most often, along with your driver's license or health insurance card. You may keep the second card on your refrigerator, in your motor vehicle glove compartment, a spare wallet or purse, or other easy-to-find place.

  
**ATTN: MAINE HEALTH CARE PROVIDERS**  
I have created the following Advance Directives:  
*(check one or both)*  
 Maine Instructions for Health Care  
 Power of Attorney for Health Care  
Please contact: \_\_\_\_\_ (name)  
at \_\_\_\_\_ (address)  
and \_\_\_\_\_ (telephone)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (signature)

  
**MAINE ORGAN DONOR CARD**  
I have donated an anatomical gift, if medically acceptable, in my Maine Advance Health Care Directive dated: \_\_\_\_\_  
Please contact: \_\_\_\_\_ (name)  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (telephone) for more information.  
\_\_\_\_\_  
(date) \_\_\_\_\_ (signature)

  
**ATTN: MAINE HEALTH CARE PROVIDERS**  
I have created the following Advance Directives:  
*(check one or both)*  
 Maine Instructions for Health Care  
 Power of Attorney for Health Care  
Please contact: \_\_\_\_\_ (name)  
at \_\_\_\_\_ (address)  
and \_\_\_\_\_ (telephone)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (signature)

  
**MAINE ORGAN DONOR CARD**  
I have donated an anatomical gift, if medically acceptable, in my Maine Advance Health Care Directive dated: \_\_\_\_\_  
Please contact: \_\_\_\_\_ (name)  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (telephone) for more information.  
\_\_\_\_\_  
(date) \_\_\_\_\_ (signature)