

DONATE YOUR EYES THE GIFT OF SIGHT

SRI SANKARADEVA NETHRALAYA EYE BANK
Member Of Eye Bank Association Of India
UNIFORM DONOR PLEDGE



In the hope that I, may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires.

I give my eyes for the purpose of transplantation, medical research or education. I further direct my next-of-kin herein named to execute this gift after my death. I would like my next-of-kin notified of my pledge to donate. Yes.....No.....

Mr./Ms.
(Name of Donor)

Name of Next-of-kin

Signature of Donor

Address

Address of Donor

City, State, Pin code

City, State, Pin code

Phone Numbers

Phone Numbers

Signature Witness

Birth Date

Signature Witness

Physicians Name, Address, Phone No. (if available)



INSTRUCTIONS

- Fill in the donor pledge card above. Have your signature witnessed by two persons. (if you are not yet 18, have your parent or guardian as one witness).
- Discuss your decision with your next-of-kin and your family doctor.
- Mail the completed Pledge card to:
SRI SANKARADEVA NETHRALAYA EYE BANK
Member of Eye Bank Association of India
Unit of SKSHEF (Regd. As Charitable Trust)
Beltola, Guwahati-781028 (Assam), INDIA
Tel: 0361- 2233444
Fax:0361-2228878
E-Mail: ssnghy1@sify.com
Web: www.ssnquwahati.org
- We will send your return wallet card stating your pledge and instructing your next-of-kin of your desires. Please Carry the wallet with you at all times, if you change of your name or address, please inform the Sri Sankaradeva Nethralaya Eye Bank.

