



SRI SANKARADEVA NETHRALAYA EYE BANK
Member of Eye Bank Association of India
UNIFORM DONER 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.....

<p>Mr./Ms. _____ Name of Donor (Please print)</p> <p>_____ Signature of Donor</p> <p>_____ City, State, Pin code</p> <p>_____ Phone Number</p> <p>_____ Birth Date</p>	<p>_____ Name of Next-of-kin(Please Print)</p> <p>_____ Address</p> <p>_____ City, State, Pin code</p> <p>_____ Phone Number</p> <p>_____ Signature Witness</p> <p>_____ Signature Witness</p>
<p>_____ Physician's name, address, Phone No. (if available)</p>	

INSTRUCTIONS

1. Fill in the donor pledge card below. Have your signature witnessed by two persons. (If you are not yet 18, have your parent or guardian as one witness).
2. Discuss your decision with your next-of-kin and your family doctor.
We will inform your next-of-kin of your pledge, if you wish.
3. 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)
96, Basistha Road, Guwahati – 781028 (Assam)
Tel : 0361-2233444/2228879, WhatsApp No.: 80115-28506
E-Mail : ssnghy1@gmail.org
4. We will send you in return a wallet card stating your pledge and instructing your next-of-kin of your desires.
5. Please carry the wallet card with you at all times. If you change your name or address, please inform the Sri Sankaradeva Nethralaya Eye Bank.