

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 to be notified of my pledge to donate.

(Name of Donor)

Mr./Mrs.

Address of Donor

City State Pincode

Phone No.

Birth Date Marriage Date

Signature of Donor

Name of Next Kin

Address

City State Pincode

Phone No.

Name & Signature of witness 1) Name Sign

2) Name Sign

Physician's Name

Address

Phone No.