

To,
Laxmi Eye Bank,
Laxmi Eye Institute,
Uran Road, Panvel - 410 206.

charity@laxmieye.org
opdmanager@laxmieye.org
abhishekhoshing@laxmieye.org



PLEDGE FOR EYE DONATION

In order to help the Corneal Blind people in society, I/We pledge to donate my/our eyes. My/Our eyes may be accepted if medically suitable and acceptable, after my/our death, and may be used either for human-eye-transplant or for the purpose of medical research and education.

Relation	Name	Date of Birth	Signature
Self	Mr./ Ms. _____	_____	_____
_____	Mr./ Ms. _____	_____	_____
_____	Mr./ Ms. _____	_____	_____
_____	Mr./ Ms. _____	_____	_____
_____	Mr./ Ms. _____	_____	_____

Address _____ Town / City _____

E mail _____ Cell No. _____ Date _____

Kindly fill in all the details of this Pledge card and send it to Eye bank.

Kindly discuss your decision of Eye donation with your kin and inform them about your pledge for Eye donation.

After receiving your pledge-card, Laxmi Eye Bank will send Registration cards to you.

Kindly carry this Registration card with you all the time.

If there is any change in your address or in phone number, please inform it to Laxmi Eye Bank.