

**EYE DONATION FORM**

Please fill up the space and give it to your closed relatives and or friends.

Full Name & Full Address:-

Place  
Date

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Tele No

TO WHOMSOEVER IT MAY CONCERN

I declare my desire for eye donation after my death. Hence I sincerely request my close relatives, friends (or) well wishers to contact and call .EYE - BANK. people for MY VOLUNTARY EYE ONATION, AT THE EARLIEST.

Signature

Name :

Eye Bank Contact Number :

DONATE EYES, SAVE LIFE. LET MY EYES, LIVE LONG AFTER I DIE