

SKIN DONATION FORM

From :

Tel. : (O) (R)

Date :

SUB. : SKIN DONATION

TO WHOMSOEVER IT MAY CONCERN

I express my willingness to donate my skin after my death. My relatives / friends etc. are requested to fulfill my desire. Please contact the nearest skin bank at the earliest and do the needful.

With best wishes.

SIGNATURE

Name

PLEASE CONTACT :

DONATE SKIN, SAVE LIFE. LET MY SKIN BE USEFUL TO THOSE WHO NEED.

If you need any assistance contact

DR. MADHURI GORE O 2407 6381
L.T.M.G. SION HOSPITAL, R 2555 4770
SION ROAD, 98214 20247
SION (WEST), MUMBAI - 400 022.

2 SUNDAY FRIENDS 98200 75645
(AFTER 4 P.M.) 98215 23076 98211 19451