

# PLEDGE FOR EYE DONATION BY LIVING PERSONS

## L.T.M.G. HOSPITAL EYE-BANK

(in the compound of L.T.M.G. Hospital, Sion, Mumbai - 400 022)

Telephone No. 2409 3077 / 2407 6381

Date :

200

Sir,

I hereby donate my eyes at the time of my death to the EyeBank (in the compound of L.T.M.G. Hospital) to be used by that Bank to restore the sight of some blind person and/or research seeking to prevent blindness and to find cures for diseases of the eye.

WITNESS (Signature, Name and Address)

Signature of Donor

1. (Next of kin) \_\_\_\_\_

Name : \_\_\_\_\_

\_\_\_\_\_

Sex / Age : \_\_\_\_\_

\_\_\_\_\_

Address : \_\_\_\_\_

2. Relative or \_\_\_\_\_

Friend. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(DONOR PLEASE Use Block letters)

### INSTRUCTION TO THE RELATIVE

In case of Death the  
L.T.M.G. HOSPITAL, EYE BANK,  
Should be immediately contacted for the  
donation of my eyes.

\_\_\_\_\_  
Signature

"There is the Element of the Divine in the Skill of the Surgeon"

On receipt of your eye donation card a pocket card will be sent to you stating your donation and instruction to your next of kin

The removal of one's eyes does not in any way alter the looks of the deceased.

**DONATED EYES MUST BE REMOVED FROM THE DECEASED PERSON WITHIN 2 HOURS AFTER DEMISE BECAUSE MANY EYES ARE LOST FOR THIS HUMANITARIAN PURPOSE AT THIS CRITICAL TIME, WE ASK THAT YOU NOTIFY THOSE NEAR TO YOU FOR YOUR DONATION.**

Through this donation a part of you may live for years, giving some one the blessing of sight.

**DONORS ARE REQUIRED TO FILL OUT A CARD ONLY ONCE  
YOU MAY HELP TO PERFORM A MIRACLE.**

**POCKET CARD**

Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regd. No. \_\_\_\_\_

**Lokmanya Tilak Municipal General Hospital,  
Eye Bank, Sion, Mumbai - 400 022.  
Tel. No. : 2407 6381 • 2409 3077**

PTO.