

## EYE DONATION PLEDGE FORM

I with sound mind, wish to donate both my eyes, after my death, for the benefit of society, provided this donation is found to be medically fit.

I donate my eyes for transplantation, medical research or education. I further direct my next of kin, named herein, to execute this after my death. I would like my next of kin, notified of my pledge.

Mr/Mrs-----

Name of donor (In Capitals)

Address of Donor-----  
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City ----- pincode ----- Phone-----

Signature of Donor

Mr/Mrs-----

Name of Next of Kin (In Capitals)

Address of Next of Kin-----  
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City ----- pincode ----- Phone-----

Signature of Next of Kin

Signature of 2nd Witness