



**Godavari Ben & Anupchand Shah Eye Bank
(A Unit of Rotary Narayana Nethralaya)**

CN-5, Sector-V, Salt Lake, Kolkata – 700 091, India
Tel.: (033) 2367 3312 to 14, 3011 5103 & 3011 5106,
Fax: (033) 2367 3321

e-mail: eyemn@gmail.com, Website: www.nethralayakolkata.org

HELP LINE No. 9007006247

FAMILY PLEDGE FORM FOR EYE DONATION

In the hope that I/We may help others. I/We hereby make this anatomical gift, if medically acceptable, to take effect upon my/our death. The statement below indicates my/our desire (s).

I and the following members of our family give my/our eyes for the purpose of transplantation, therapy, medical research or education.

Relationship/ Witness Self	Name in Block Letters	Date of Birth	Signature
_____	Mr./Ms _____	_____	_____
_____	Mr./Ms _____	_____	_____
_____	Mr./Ms _____	_____	_____
_____	Mr./Ms _____	_____	_____
_____	Mr./Ms _____	_____	_____
_____	Mr./Ms _____	_____	_____
_____	Mr./Ms _____	_____	_____
_____	Mr./Ms _____	_____	_____
_____	Mr./Ms _____	_____	_____
_____	Mr./Ms _____	_____	_____
_____	Mr./Ms _____	_____	_____

Address _____

_____ City _____

Pin Code _____ District _____ State _____

Tel.(O/R) _____ Date ____/____/____

(62)

For Eye Donation Please Call : 9007006247