



SEWA SADAN EYE HOSPITAL TRUST

GIFT OF SIGHT

EYE DONATION FORM

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

Full Name & Full Address:-

Telephone No _____ / Mobile 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 SEWA SADAN EYE - BANK. People for MY VOLUNTARY EYE DONATION, AT THE EARLIEST.

Signature Of Donor: _____

Name: _____

Signature Of Witness: _____

Name : _____

Eye Bank Contact Number:

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

“Our Mission Your Vision”