

**LET THIS CARD TO SIGNED BY OUR FAMILY
DECLARATION / PLEDGE**

I / We hereby declare that I / We have decided to donate my / our eyes to the nation for the restoration of eye sight of any blind persons, after my / our death. I / We request my / our relatives to contact a doctor from the nearest Eye Bank soon after my / our death for removal of my / our eyes, to help me / us fulfill this noble desire.

Name of Donor/s

Signature

1.
2.
3.
4.
5.
6.

INSTRUCTIONS :

- Tightly close the eyelids of the Donor upon his / her death. Please cover the eyes with a cloth dipped in cold water. If possible, keep the forehead cool with ice wrapped in plastic bags.
- Keep a pillow under the head.
- Switch off fans in the room, if there is an air-conditioner, switch it on.
- Call the nearest Eye Bank from the list, as soon as possible, preferably within 6 hours, to ensure freshness of the donated eyes.
- The Eye Bank will collect the eyes day & night, free of cost, without disfiguring the face. The whole process will take only 15 minutes.

LIST OF SOME MUMBAI EYE BANKS

(For Eye Bank all over India, you can see next page & you can paste your respective area in the Pledge Card.)

Mumbai Hotline for Eye Donations : 1919 Tharun Mitra Mandal (All over Mumbai) 24922897 Bombay Hospital Eye Bank Marine Lines 22067676 Lions Club of Gateway Eye Bank 2307295 Bhatia Hospital Tardeo 56660000 / 23811297 BYL Nair Charitable Hospital Eye Bank Byculla 23098669 Eye Bank Co-ordination & Research Centre Parel 24164342 / 2929 KEM Hospital Eye Bank Parel 2413 6051 / 54 Dr. Gokhale Eye Bank, Dadar 24221820 / 7425 Hinduja Hospital Eye Bank 24449199 / 24452475 / 2416 2929 LTMG Sion Hospital Eye Bank 24076381 - 89 Nanavati Hospital Vile Parle 26182255 Cooper Hospital Vile Parle 26207256 / 57 Samarpan Borivli 28624404 / 28011553 Vasai Blind Relief Assn. Eye Bank 2322387 / 2180 / 4107 Arpan Eye Bank Ghatkopar 25067293 / 0897 Mulund KVO Samaj 25602133 Red Cross Kopri Thane 25333455 / 25420639 Lions Club of Rotory 25333852 Satya Sai Eye Bank Dombivli 2449447 Laxmi Eye Bank Panvel 27452228 / 3147 Late Smt. SMM Mehta Eye Bank Bhandup 25946052 JJ Hospital Byculla 23753333.

**For more details about EYE DONATION PROJECTS, please contact
Madhavan : +919820050071, Email : madhavan@flyjac.com**

Hiranandani Keralite Association, Powai

601, El-Tara, Hiranandani Gardens, Powai, Mumbai - 400 076.

Tel.: 022-2570 2025 / 26 / 27 | Email : info@hkapowai.org

Website : www.hkapowai.org

ORGAN DONATION DECLARATION FORM

First Name

Last Name

Age Day Month Year

Sex Male Female (Please tick in the boxes that apply)

Blood Group

Organs All Organs Corneas (Eyes) Kidneys

Heart Lungs Liver

Pancreas Whole Body

I.D. Card No.

E-Mail

Mobile

Emergency Contact No.:

Person Name

Address

Mobile

I hereby declare that, I am willing to donate my organs for social benefit as a life saving measure fro patient suffering from permanent organ(s) failure. In the event of an unanticipated Brain Death occurring to me.

Date :

Signature :

Place :

Name :