

PLEDGE FOR EYE DONATION

I, _____ declare my solemn intension to donate my eyes to SRMS eye bank after my demise.

I, further hereby declare that no person including my heirs, legal representatives, relatives, etc. will be entitled to object for any reason whatsoever, to the removal of eyes after my death by authorized medical expert of the Eye Bank.

(Signature)

Name.....

Address.....

Dated.....

Mob:.....