

**INSTRUCTIONS**

1. Fill in the donor pledge card below. Have your signature witnessed by two persons. (If you are not yet 18, have your parent or guardian as one witness)
2. Discuss your decision with your next-of-kin and your family doctor. We will inform your next-of-kin of your pledge, if you wish.
3. Mail the completed pledge card to :  
  
Mulamoottil Eye Bank, Mulamoottil Charitable Trust,  
Mulamoottil Eye Hospital Complex, Main Road, Kozhencherry,  
Kerala - 689 641, India. Tel : 0468-2213644,2279744.  
Toll Free No. (1919) Free Call
4. We will send you in return a wallet card stating your pledge and instructing your next-of-kin of your desires.
5. Please carry the wallet card with you at all times. If you change your name or address, please inform the Mulamoottil Eye Bank.

**MULAMOOTTIL EYE BANK  
UNIFORM DONOR PLEDGE**

Mulamoottil Charitable Trust, Mulamoottil Eye Hospital Complex, Main Road, Kozhencherry, Kerala - 689 641, India. Tel: 0468-2213644,2279744. Toll Free No.(1919) Free Call

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires. I give my Eyes for the purpose of transplantation, medical research or education. I further direct my next-of-kin herein named to execute this gift after my death. I would like my next-of-kin notified of my pledge to donate. Yes.....No.....

Mr. / Ms. Name of Donor (Bold Letters)	_____	Name of Next-of-kin (Bold Letters)	_____
Signature of Donor	_____	Address	_____
Address of Donor	_____	City, State, Pincode	_____
City, State, Pincode	_____	Phone Number	_____
Phone Number	_____	Signature of Witness	_____
Birth Date	_____	Signature of Witness	_____
_____ Physician's Name, Address, Phone No.			