

UNIFORM DONOR PLEDGE

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./ Mrs. _____
Name of Donor

Name of Next of Kin

Signature of Donor

Address

Address of donor

City, State, Pin code

City, State, Pin code

Phone Number

Phone Number

Signature Witness

Birth date

Signature Witness

Physician's name, Address, Phone No.