Om Sri Sairam

Sri Sathya Sai Seva Organisation, Orissa

PLEDGE FORM FOR EYE DONATION

Date : .....

I / We hereby wish to donate my/our eyes upon death .

Sl. No.	Name	Age	Sex	Signature

ADDRESS:

Contact No.:_____

drushti daan Eye Bank (Regn. No. 21416/220 of 2001-2002) 501, Kharvel Nagar, Bhubaneswar- 751001, Phone : 0674-2391919