

Shrimad Rajchandra Organ Donation Programme

Pledge Form

(To be filled in CAPITAL LETTERS by an individual of age 18 years or above)

I,

S/o, D/o, W/o , Date of Birth

Residing at

City , Pin Code

State , Country

hereby authorise the removal of following organs from my body after my death which may be used for therapeutic purposes:

A. Any suitable organs & tissues OR

B. Eyes Skin Kidneys Liver Heart Lungs Pancreas Bones

Blood Group Mobile No: +

Govt. approved ID: ID no.:

Email:

Date Place Signature:

In case of Emergency:

Contact - 1

Mr./Ms S/o, D/o, W/o

Age Residing at

Mobile No: + Email:.....

Contact - 2

Mr./Ms S/o, D/o, W/o

Age Residing at

Mobile No: + Email:.....

Pledge card will be issued on the basis of information provided above.

An initiative of



SHRIMAD RAJCHANDRA
Love and Care

You can submit the form at :
Bhupati Chambers, 3rd Floor, Plot No. 13, Mathew Road, Opera House, Mumbai 400004, India.
www.srloveandcare.org/organ-donation | organ.donation@srloveandcare.org

Helpline: +91 9820007752

For more information



Scan QR code