

# Organ Donor Card

## अव्यय दान पत्र

Keep this card always with you & share your decision with your family.

"Don't take your organs to heaven for  
God knows they are needed here"

Name : \_\_\_\_\_

नाम :

Age : \_\_\_\_\_ Blood Group : \_\_\_\_\_

वय :

रक्त गट :

After my death, I would like to donate

Date \_\_\_\_\_

a) Any part of my body or

- b)  My Corneas  Kidneys  Heart  Lungs  Liver  Pancreas  
 Intestines for therapeutic purposes

Name : \_\_\_\_\_ Age : \_\_\_\_\_

Address : \_\_\_\_\_

Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Signature \_\_\_\_\_

Head of Kin



### Narmada Kidney Foundation

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