

ORGAN DONOR CARD

अवयव 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 : _____

Age : _____ Blood Group : _____



I _____

S/O, D/O, W/O _____

Resident of _____

E-mail _____ Tel. _____

would like to donate any suitable organ or tissue in the event of my death

I confirm, I have had a discussion with my family

Signature of Donor _____ Date _____

Name of family member _____ Tel. _____

Signature of family member _____ Date _____

Family member E-mail _____ Tel. _____

Narmada Kidney Foundation
www.narmadakidney.org
☎ : 022 2836 8634

📍 35, Dr. E Borges Road, Hospital Avenue,
Opp Shirodkar High School, Parel, Mumbai-400012
☎ 022 6767 0101 🌐 gleneaglesglobalhospitals.com