

DONOR IDENTIFICATION CARD

I hereby state that it is my wish to donate my eyes at the time of my death to the Lions Eye Bank of Manitoba and Northwest Ontario, to be used for sight restoring purposes.

Signature

Date

Witness

Date

Please carry this card with you.

To Responsible Party :

Effective transplantation of the cornea requires prompt removal and use. Please notify immediately:

Lions Eye Bank Medical office
Misericordia General Hospital
Room 328 Cornish 3 South
Winnipeg, Manitoba R3C 1A2

Call : (204)788-8419 or (204) 774-6581



Lions Eye Bank of Manitoba and Northwest Ontario

Please
post
this

320 Sherbrook St.
Winnipeg MB R3B 2W6
Ph. 204-772-1899
1-800-552-6820
Fax : 204-943-6823
E-mail : lfmnoi@mts.net

LIONS EYE BANK of Manitoba and Northwest Ontario

Yes, I would like to become involved :

- Send me additional donor cards (number required.....).
- Send me brochures (number required.....).
- I would like to volunteer my time and energy.
- I would like to help the Eye Bank carry on its vital sight restoration program. I am enclosing a gift in the amount of \$.....
(All contributions are tax deductible.)

Name : _____

Address : _____

City : _____ Province : _____ Phone : _____