



cut here

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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

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LIONS EYE BANK
of Manitoba & Northwest Ontario, Inc.

**PLEASE
POST
THIS**

320 Sherbrook St., Winnipeg, MB R3B 2W6 P. 204 772 1899 Toll Free. 1 800 552 6820 F. 204 943 6823

Email. info@eyebankmanitoba.com www.eyebankmanitoba.com

Lions Eye Bank of Manitoba & 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
An official receipt will be issued for gifts over \$20.00

Name: _____

Address: _____

City: _____ Province: _____ Phone: _____