



# FAMILY NOTIFICATION FORM

Dear \_\_\_\_\_,  
(Name and Relationship to Donor)

I would like to donate LIFE by being an organ and tissue donor. I want you to know my decision because you will be consulted before donation can take place.

I wish to donate the following:

- corneas only
- any needed organs and tissue
- only the following organs and tissue:  
\_\_\_\_\_

Thank you for honoring my commitment to donate LIFE through organ and tissue donation.

Donor  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Member  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Provided by: Lions Eye Bank of NW PA, Inc.  
5105 Richmond Street  
Erie, PA 16509

