

THE AMERICAN LEGION  
Department of Pennsylvania

**BLOOD DONOR REPORT**

(FOR A 12-MONTH PERIOD MAY 1, 2016 THROUGH APRIL 30, 2017)

*IMPORTANT: Blood Donor Committee Awards will be based on the information provided on or attached to this report form.*

POST NAME: \_\_\_\_\_ POST NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DISTRICT: \_\_\_\_\_ SECTION: \_\_\_\_\_ MEMBERSHIP CLASS \_\_\_\_\_

MAIL TO:  
THE AMERICAN LEGION  
PO BOX 2324  
HARRISBURG, PA 17105-2324

***DEADLINE: MAY 22, 2017***

Did your Post participate in a Blood Donor Program? \_\_\_\_\_

How many members of your Post participated? \_\_\_\_\_

How many members of your Post donated blood? \_\_\_\_\_

How many pints/units of blood were donated by members and non-members? \_\_\_\_\_

How many hours did members volunteer (if not donors)? \_\_\_\_\_

Did your Post advertise Blood Donor Day? \_\_\_\_\_

*Please submit at least 3-5 pictures of a blood drive at your Post*

Are any members of your Post donating to an aphaeresis program (platelet bank) or bone marrow donor program? \_\_\_\_\_

*(If you have copies of news items, etc., please attach to this report)*

I affirm the information contained in this report is correct by Post records:

\_\_\_\_\_  
Signature of Post Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\* You must include a signed verification from the blood drive administrator (i.e. Red Cross, Miller Keystone Blood, etc) for the number of pints your post has donated.

**FOR COMMITTEE USE ONLY:**

Additional Information?

Awarded \_\_\_\_\_ Place in Section

Please put numbers -- not yes or no when completing