

THE AMERICAN LEGION
Department of Pennsylvania

BLOOD DONOR REPORT

(FOR A 12-MONTH PERIOD MAY 1, 2015 THROUGH APRIL 30, 2016)

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, 2016

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