

DUE DATE – JUNE 1, 2004

**THE AMERICAN LEGION
DEPARTMENT OF MARYLAND, INC.
101 N. GAY STREET
BALTIMORE, MD 21202**

BLOOD DONOR REPORT

This form must be in the Department Headquarters no later than JUNE 1, 2004, close of business for consideration.

Post Name _____ Post No. _____

District _____ No. of members _____

Does your Post have a Blood Donor Program? (circle one) Yes No
If NO, would your Post be interested in starting one. Yes No

Number of staff working during each Blood Drive. _____

Did your Post participate in The American Legion Holiday Blood Drive? Yes No
If YES, how many units were collected? _____

Does your Post participate in Blood Drives with other community organizations? Yes/No
If YES, Please list other organizations. _____

(attach separate sheet, if necessary)

Number of Blood Drive conducted during report period. _____

Average number of blood donors present per drive. _____

Total NET UNITS collected for report period. _____

Average NET UNITS collected per drive. _____

Number of members that donate blood on a regular basis from:

Legion _____ Auxiliary _____ SAL _____

(List names of all donors on a separate sheet)

Post Blood Drive Chairman _____

Address _____

City _____ State _____ Zip Code _____

Post Commander

Post Adjutant

DUE DATE - JUNE 1, 2004

