



NAME: _____

DATE OF BIRTH or DONOR ID#: _____ DONATION DATE: _____

DONATION SITE: _____

PHONE: _____

EMAIL: _____

NAME OF BUSINESS OR ORGANIZATION TO RECEIVE A VOTE FOR YOUR DONATION:

Glasser Schoenbaum Human Services Center

PLEASE WRITE CLEARLY SO YOUR VOTE WILL COUNT!!!

FOR INTERNAL USE ONLY:

Completed by: _____

Type of donation (Check one):

Whole Blood

Double Red

Platelets



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