

DUE DATE – JUNE 1, 2012

**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, 2012, 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

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