



# BLOOD DRIVE REPORT FORM



Please send form immediately after each Blood Drive

**February is State Blood Drive Month!**

Council Number \_\_\_\_\_ Council Name \_\_\_\_\_

District \_\_\_\_\_ Diocese \_\_\_\_\_

**Organization:** American Red Cross UP Blood Center  
Select One Michigan Blood Other \_\_\_\_\_

**Quarter:** 1st 2nd 3rd 4th

Councils are encouraged to sponsor a Blood Drive once each quarter

Date of the Drive: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_  
Month / Day / Year including non-members

Number of Donors: \_\_\_\_\_ Number of Pints Collected: \_\_\_\_\_

## Setting Up For A Blood Drive

### Knights of Columbus Council

### Blood Organization

- Contact blood organization in your area
- Offer a suitable location
- Publicize the blood drive
- Schedule donors
- Have on-site assistance
- Report the results
- Will work with you to plan the blood drive
- Will help you recruit donors
- Provides equipment and supplies, set up and removal
- Confidential screening, safe and professional collection
- Will help you schedule volunteers for greeting donors and serving refreshments

Distribution: Original to council records.

Copies to: District Deputy, Diocesan Program Director & State Community Activities Director

**It is recommended that you save the completed form to your computer, attach and Email to your District Deputy, Diocesan Program Director, and State Community Activities Director using the MiKofC.org Email system**

**Michael Haughey**  
at  
[m.haughey@mikofc.org](mailto:m.haughey@mikofc.org)

**Every Program Represents a Membership Recruitment Opportunity!**