



Blood Drive Report Form



Please send form immediately after each Blood Drive

February is State Blood Drive Month!

COUNCIL NUMBER _____ NAME _____ LOCATION _____
City

Organization: American Red Cross

Michigan Blood

Select One UP Blood Center

Other

Quarter: 1st 2nd 3rd 4th

Councils are encouraged to sponsor a Blood Drive once each quarter

Date: _____ Number of Donors: _____

Number of Pints Collected: _____ Number of Volunteers: _____

*including non-members

Setting Up For A Blood Drive

Knights of Columbus

Contact blood service organization in your area

Offer a suitable location

Publicize the blood drive

Schedule donors

Have on-site assistance

Report the results

Blood Organization

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

Michigan State Council

MI-18

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Distribution: Original to council records. Copies to District Deputy, Diocesan Program Director and State Community Activities Director

Please email this form to: d.searle@mikofc.org
text only not a link