

# BLOOD DONOR REPORT

1. Post Number and Name \_\_\_\_\_

2. Post Location \_\_\_\_\_

3. Number of Pints of Blood donated by members of the Post during period  
APRIL 1 to APRIL 1, as certified by the **American Red Cross** \_\_\_\_\_

4. Approximate number of Post members participation in Blood Donations \_\_\_\_\_

5. Did your Post participate in The American Legion Holiday Blood Drive  
last year? \_\_\_\_\_

6. Does your Post donate the facilities of the Post for the use of the Red Cross  
Bloodmobile? \_\_\_\_\_

**Post must file a Consolidated Post Report and a copy must be attached to this report.**

\_\_\_\_\_  
(Post Adjutant)

\_\_\_\_\_  
(Post Number)

**MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN April 1**

Accepted by the Department Executive Board Action November 7, 1991