

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**

**2019-2020 QUESTIONNAIRE**

**NUMBER 3 – BLOOD DONOR REPORT**

**COMPLETED FORM DUE AT DEPARTMENT BY JUNE 1, 2020.**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post: \_\_\_\_\_ Date: \_\_\_\_\_

**BLOOD DONOR SERVICE TROPHY**

1. Number of Blood Drives Hosted/Co-Hosted by Post \_\_\_\_\_

Date	No. Prospective Donors	Productive Units collected
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Number of Post and Unit members who:

A. Gave Blood \_\_\_\_\_

B. Worked in Donor Centers doing escort service, greeting/registering/recording, Refreshment service and who provided cookies, posted signs, advertised and Assisted in loading and unloading supplies and equipment. \_\_\_\_\_

3. Number of man hours of service donated to The Blood Program by Post and Unit Members. \_\_\_\_\_

4. Total number of miles traveled Legion/Auxiliary and/or donor. \_\_\_\_\_

Attest: Commander \_\_\_\_\_ Adjutant: \_\_\_\_\_  
Signature Signature

**Judged and presented by: National Security Commission**