THE AMERICAN LEGION - DEPARTMENT OF OREGON

2020-2021 QUESTIONNAIRE

NUMBER 3 – BLOOD DONOR

COMPLETED FORM DUE AT DEPARTMENT BY JUNE 1, 2021.

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?

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<tr>
<th>Date</th>
<th>No. Prospective Donors</th>
<th>Productive Units collected</th>
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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?

________________________________________________________________________

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

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**Category of Post Size**

- Category 1: Posts with membership 15-150
- Category 2: Posts with membership 151-300
- Category 3: Posts with membership 301-450
- Category 4: Posts with membership 451-and UP

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Judged and presented by: National Security Commission
Blood Donor Program