

THE AMERICAN LEGION - DEPARTMENT OF OREGON

2025-2026 QUESTIONNAIRE

NUMBER 3 – BLOOD DONOR

COMPLETED FORM DUE AT DEPARTMENT BY MAY 15th

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. The 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, and advertised?

Assisted in loading and unloading supplies and equipment. _____

3. The number of man-hours of service donated to The Blood Program by Post and Unit Members. _____

4. The Total number of miles traveled by Legion/Auxiliary and/or donor. _____

Attest: Commander _____ Adjutant: _____
Signature Signature

Category of Post Size

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

Judged and presented by National Security Commission
Blood Donor Program