

**POST BLOOD DONOR REPORT FORM**

\_\_\_\_\_, Post No. \_\_\_\_\_, District \_\_\_\_\_, City \_\_\_\_\_,

Department of Indiana, submits the following information on our Post Blood Donor Program for the 2016-2017 American Legion Year.

NUMBER OF MEMBERS PARTICIPATING \_\_\_\_\_

NUMBER OF PINTS DONATED \_\_\_\_\_

Post participated in the American Legion Holiday Blood Drive:      YES \_\_\_\_\_ NO \_\_\_\_\_

CERTIFICATION:

\_\_\_\_\_  
POST ADJUTANT

\_\_\_\_\_  
DATE

**THIS FORM MUST BE RECEIVED BY DEPARTMENT HEADQUARTERS NO LATER THAN JUNE 1, 2017.**

MAIL FORM TO:      The American Legion  
                         Department of Indiana  
                         Attn: Convention Awards  
                         5440 Herbert Lord Road  
                         Indianapolis, Indiana 46216