

**POST BLOOD DONOR REPORT FORM**

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

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.**

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