Knights of Columbus

INDIANA STATE COUNCIL
STATE BLOOD DRIVE REPORT FORM

Blood Drive: _______ Platelet Drive: _______

(Place an “X” for either hosting / participating in “Blood Drive” or “Platelet Drive”)

(NOTE: a MINIMUM of 5 Knights is required for credit when participating in the Blood Drive)

Date Submitted: ________________

Council Number: ______________

Council Name: ________________________________

Council Location: ______________________________

District # ______________

Blood Drive Info:

Date of Blood Drive: ______________

No. of Units Drawn: ______________

Platelet Drive Info:

Date of Platelet Drive: ______________

No. of Platelet Donors: ______________

Signed: ________________________________ (Grand Knight or Financial Secretary)

SUBMIT TO: State Council Blood Drive Chairman

COPIES TO: State Community Director,
District Deputy
Council Files

7/2019

This form is available online at www.indianakofc.org/forms