

SUBMIT: As Needed



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

A fill-in version of this form is available online at
<http://www.indianakofc.org/forms>