

YOU CAN HELP OUR NUMBER OF BLOOD DONORS GO UP!!!



SIGN UP EARLY FOR THE SJN BLOOD DRIVE THIS YEAR! SET A DONATION TIME THAT WORKS FOR YOU. FILL OUT THE FORM BELOW AND RETURN IT TO YOUR CHILD'S TEACHER. SOMEONE WILL CONTACT YOU TO CONFIRM YOUR REQUESTED TIME.

FEBRUARY 9, 2010

Donor Name (s): _____

Phone: _____

Email Address: _____

Preferred Method of Contact: PHONE or EMAIL

Preferred Time of Donation Between 12:30 PM & 6:30 PM:
_____ First Choice _____ Second Choice

Will you be requiring childcare? YES or NO

If yes, names and ages of children: _____

Mrs. Cole

**** PLEASE REMEMBER TO BRING YOUR ID ****