

TO: District Blood Chairmen

FROM: Terry Larson, Department Blood Chairman

DATE: February 2020

SUBJECT: POST ANNUAL BLOOD REPORTS

I am asking you to mail or put the enclosed form in your District newsletter for the blood reports from each Post. The reports need to be returned to you by May 1, 2020.

After you receive the reports, you need to select the top three Posts from your District and mail the winners to me by May 15, 2020. Each of the top three winners from each District will receive a certificate at Department Convention.

I have added an optional second page for the Posts to fill out. I made it optional so as not to discourage the Post reporter. If any positive replies come in for the second page, please try to encourage their expansion of the blood program. I would like to have a copy of their second page.

If you have any questions or concerns, please feel free to contact me at 651-470-7431 or email toolooseto@aol.com. Thank you.

2020 AMERICAN LEGION POST BLOOD DONATION REQUEST

TO: Post Adjutants or Post Blood Chairman

This report is for dates January 1, 2019 through December 31, 2019. Please answer the following questions and return by May 1, 2020 to your District Blood Chairman.

1. Number of Legionnaires, Auxiliary and SAL members donating blood during this time period _____.
2. Total number units of blood donated by Legionnaires, Auxiliary and SAL members during this time period _____.
3. Did your Post sponsor a Bloodmobile/Blood drive? YES _____ NO _____.
If yes, total of units donated through your efforts _____.
4. Are these totals estimated? YES _____ NO _____.
5. Total Units of Blood Donations _____

Please take the time to fill this out and get credit for what your Post is doing. Also, please fill in the Blood Donor Program section on the yearly Consolidated Post Report. Last year it was item 14 & 15 under National Security.

POST NUMBER _____ DISTRICT _____

POST NAME _____

ADDRESS _____

CITY _____ ZIP _____

YOUR NAME _____

SIGNATURE _____ TITLE _____

YOUR ADDRESS _____

CITY _____ ZIP _____

**PLEASE RETURN TO DISTRICT BLOOD CHAIRMAN BY MAY 1, 2020.
CHAIRMAN ARE LISTED ON THE BACK OF THIS PAGE.**

OPTIONAL PAGE

This is an optional second page of the blood program report. Please fill out this page if the number of units of blood has, or could in the future, increase. Keep in mind that, with all the injured service men and women coming back from Iraq and Afghanistan, we will need more blood.

Does your Post participate in a blood program? YES _____ NO _____

If so, do you think an additional drive
per year (or more) would be possible? YES _____ NO _____

If not, would you be interested in
starting a new location? YES _____ NO _____

If not, would you be interested in helping
with a drive in your community? (Such
as providing space for the drive or helping
with the refreshments) YES _____ NO _____

A suggestion for any Post/Unit/SAL that is interested in some expansion of their activity would be to contact the County Health Nurse. Also let your District Blood Program Chairman know of your interest.

DEPARTMENT BLOOD PROGRAM

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toolooseto@aol.com

DISTRICT BLOOD CHAIRMAN

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