MASONIC BLOOD DONOR CLUB

"We Give That Others May Live"

ADVERTISING REQUEST FORM

Listed below is the information for our upcoming bloodmobile

DATE OF BLOODMOBILE:_____

TIME: From _____ **to**_____

PLACE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SPONSORED BY: _____

Who will collect the blood?_____

What is the local newspaper?_____

Their phone number: _____

And Address: _____

Your contact person? _____

His phone #: _____

Do you want the contact person and their phone listed in the ad? _____

<u>Mail this form to</u>

The Masonic Blood Donor Club
c/o Masonic Temple
One North Broad Street
Philadelphia, Pa. 19107

COPY THIS FORM AS NEEDED