

MASONIC BLOOD DRIVE CHARITY PROGRAM

CHARITY BLOOD DRIVE REQUEST FORM

Listed below is the information for our upcoming bloodmobile.

SPONSORING MASONIC BODY: _____

DATE OF THE BLOOD DRIVE: _____. PLACE: _____

ADDRESS: _____

CITY: _____. State: _____. ZIP: _____ - _____

WHO WILL COLLECT THE BLOOD: _____

(American Red Cross, MILLER/KEYSTONE, CPBB, ETC.)

Name, Address and Phone No. of Blood Drive Chairman: _____

MASONIC CHARITY to BENEFIT? _____

Must be "MASONIC AFFILIATED" IRS 501(c)(3) Approved.

APPROVED by: Grand Lodge Committee Member ONLY: _____. DATE: _____

(Franklin D. Caltagirone, or Norman A. Fox)

Mail this form to: The Masonic Blood Donor Club, C/O Franklin D. Caltagirone, 103 High Blvd., Mifflin Park, Reading, PA 19607-2986. For more information call Frank, (610) 777-7549 or E mail to: frankdcal@comcast.net

This form will be returned to the Blood Drive Chairman who will complete the following and mail COMPLETED FORMS for payment.

CHARITY BLOOD DRIVE PAYMENT FORM

NUMBER OF BLOOD UNITS COLLECTED: _____

UNITS COLLECTED @ \$10.00 EACH: _____ . = \$ _____

Make Check Payable to "Charity Name" _____

Must be IRS 501(c)(3) Approved.

Mail Check to, "Charity Address": _____

Name of Blood Drive Chairman: _____. DATE: _____

Mail these form for payment to: The Masonic Blood Donor Club; c/o William Gottschalk; 420 Ford Drive; Elizabethtown, PA 17022-3193.

If you have any questions, please call Bill @ 717 361 4067 or E mail to: bng5650@dejazzd.com

COPY THIS FORM AS NEEDED
MASONIC BLOOD DONOR CLUB