

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: _____. NAME OF BLDG. _____

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 an Approved "MASONIC affiliated" FEDERAL 501(c)(3) Tax Exempt Group.

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

(David Tansey, or Norman A. Fox)

Mail this form to: The Masonic Blood Donor Club, C/O David Tansey, 1075 Emerson Lane, Bensalem, PA 19020-5618. For more information call David, (215) 499 1726 or E mail to: tanz020@aol.com

This form will be returned to the Blood Drive Chairman who will complete the following and mail the approved REQUEST FORM and the following PAYMENT FORM to the Treasurer 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 an Approved "MASONIC affiliated" FEDERAL 501(c)(3) Tax Exempt Group.

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**