



I Want to be a Blood Buddy

I commit to donate blood products at the Blood Donor Center at Memorial University Medical Center at least three times in the next 12 months.

Name _____

Address _____

E-mail _____

Blood type _____

Product preference:

- whole blood platelets
- red cell/platelets

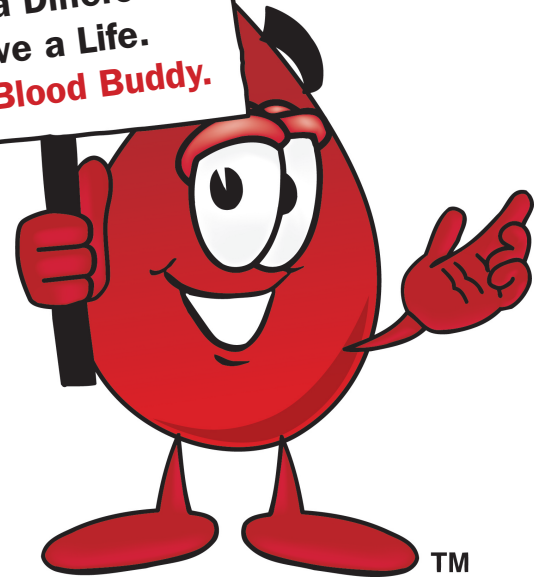
Blood Alliance Donor ID _____

Signature _____

Date _____

Return to:

Kim Gattis, Donor Resource Consultant
Memorial University Medical Center Blood Donor Center
4700 Waters Avenue
Savannah, GA 31404



Donate three times in a 12-month period.