# Sons of The American Legion
# Detachment of Wisconsin

## RAYMOND FAUST PLAQUE

## Blood Donation

## Annual Report

**Squadron** # ____ District # ____ **Last Years Membership _____**

1. How many members of your Squadron helped in the Blood Program? _____
2. Who sponsored the Program? _____
3. In what way did the members participate? (Other than donating)

_____

_____

_____

*Please Note* - **Page 12 in the Blood Program Booklet, Rule # 2 –**
**"You Can be a Blood Donor if you are between the ages of 18 & 66"- Age** 17 **must have parental consent.**

4. Did your Squadron have any Blood Donors?

| **Name** | **Amount of Blood** |
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5. Other

**Squadron Membership ____**
**Certified by: _____ Title:** _____ Date:

## Due by June 1st

Mail to:
Sons of The American Legion
Annual Reports
Detachment of Wisconsin
PO Box 388
Portage WI 53901-0388

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