

LifeShare Community Blood Services Elementary and Middle School Grant Request Form

Blood Drive Date(s): _____

Number of Units Collected: _____
(Including incremental 2RBC)

Amount of Grant Request: \$ _____

Elementary/Middle School Name _____

Address _____

City _____ **State** _____ **Zip** _____

Purpose for Grant _____

Check to be issued to _____

Address _____

City _____ **State** _____ **Zip** _____

Phone: _____ **Fax:** _____

Authorized by _____

(PLEASE PRINT NAME)

Title _____

Signature _____ **Date** _____

OFFICE USE ONLY

Reviewed by DR Rep: _____ **Date:** _____

Verified by DR Supervisor: _____ **Date:** _____

Processed by Program Admin: _____ **Date:** _____



Revised: 1/11/2010