

# Blood Donation Participation List

[20\_\_ ]

Name of Organization : \_\_\_\_\_

Blood Drive Date : 20 \_\_\_\_ (Y) \_\_\_\_ (M) \_\_\_\_ (D)

Expected number of blood donors : \_\_\_\_\_ persons /day

Time (00:00-00:00)	Name of Donor	Contact No.	Name of Donor	Contact No.	Name of Donor	Contact No.