# Logo  Description automatically generated

# Blood Drive Recognition Verification Form

# Instructions

Please indicate below the results from your blood drive and include a signature from a representative at the participating blood center confirming the data. This form must be included with the information uploaded on the data portal at AmericasBlood.org/HOSA for a drive to count toward recognition as part of this partnership.

# HOSA Information

|  |  |  |  |
| --- | --- | --- | --- |
| State |  | School |  |
|  |
| Charter |  | Chapter Advisor  |  |
| Chapter Advisor's Phone Number |  | Chapter Officer/Member Lead Name  |  |

# Blood Drive Data

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Drive  |  | Location  |  |
|  |
| Number of Donors  |  | Units of Blood Collected  |  |
|  |  |  |  |  |
| Name of Participating Blood Center |  |  | Signature from Blood Center |  |
|  |  |  |  |  |
| Your Name(Please Print)  |  |  | Your Signature  |  |
|  |  |  |  |  |
| Date of Signature |  |  |  |  |  |
|  | MM |  | DD |  | YY |

# Please upload this form along with your data at AmericasBlood.org/HOSA