



Knights of Columbus
INDIANA STATE COUNCIL
STATE BLOOD DRIVE REPORT FORM

SUBMIT: As Needed

Council Number: _____

Council Name: _____

Council Location: _____

District # _____

Date of Blood Drive _____

No. of Units Drawn _____

Signed _____

(Grand Knight or Financial Secretary)

SUBMIT TO: State Council Blood Drive Chairman

COPIES TO: District Deputy

Council Files