



**Knights of Columbus** SUBMIT: As Needed  
INDIANA STATE COUNCIL  
STATE BLOOD DRIVE REPORT FORM

Blood Drive: \_\_\_\_\_ Platelet Drive: \_\_\_\_\_

(Place an "X" for either hosting / participating in "Blood Drive" or "Platelet Drive")

(NOTE: a MINIMUM of 5 Knights is required for credit when participating in the Blood Drive)

Date Submitted: \_\_\_\_\_

Council Number: \_\_\_\_\_

Council Name: \_\_\_\_\_

Council Location: \_\_\_\_\_

District # \_\_\_\_\_

**Blood Drive Info:**

Date of Blood Drive: \_\_\_\_\_

No. of Units Drawn: \_\_\_\_\_

**Platelet Drive Info:**

Date of Platelet Drive: \_\_\_\_\_

No. of Platelet Donors: \_\_\_\_\_

Signed: \_\_\_\_\_ (Grand Knight or Financial Secretary)

SUBMIT TO: State Council Blood Drive Chairman  
COPIES TO: State Community Director,  
District Deputy  
Council Files

7/2019

**This form is available online at [www.indianakofc.org/forms](http://www.indianakofc.org/forms)**