

# Blood Drive Information

On behalf of Mississippi Blood Services, I'd like to take this opportunity to thank you for being the chairperson of this blood drive and for all of the hard work I know you are going to put into making it a success.

_____	Mobile (In-house set-up)
Donor Group	Room: _____
_____	Number of chairs needed: _____
Donor Chairperson	Number of tables needed: _____
_____	Number of Volunteers Needed: _____
Other Contact	_____ unloaders at _____
_____	_____ loaders at _____
Blood Drive Date	Mini (Self Contained Bus)
_____	Parking: _____
Time	_____
_____	
Goal for Group Coverage	Please schedule _____ people every _____ minutes. This will help our staff
_____	run an efficient blood drive and allow donors to be processed in the shortest possible
Community Service Representative	time.

Mississippi Blood Services supplies all medical equipment, refreshments, and donor information. If you have any questions, please contact the Community Service Department at 1-800-817-7449, or 981-3232.

Please meet our staff at \_\_\_\_\_ to show them where to park and set up.

Comments: \_\_\_\_\_

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**PLEASE REMIND DONORS TO BRING I.D.**

\_\_\_\_\_  
Community Service Representative Signature