

National Blood Transfusion Service

Candos – Tel/Fax: 42 70711

Name of Organization:

Name of Contact Person:

Address:

Phone:

Fax:

Cellular:

Months	Day	Date	Time (From – To)	Venue/Site	Modes <small>*Caravan or Couches* (Please specify)</small>
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Estimated Number of Pints:

Name:

Designation/Title:

Signature:

Date:

Email Address: