

**Blood Drive Proposal:**  
Must be returned to LMBB by May 17, 2010

Your name, phone number, email and mailing address:

Where will you hold your blood drive? (Example: school, community center, church, etc.) Please give an address and specify where the bloodmobile will be parked and where registration will be held. (Example: 111 South 1<sup>st</sup>, park by front door, register in room 15B)

When would you like to hold your blood drive? Please specify preferred day of the week, time of day and month. We will do our best to accommodate your request.

Who will you recruit to donate at your blood drive? (Example: friends, neighbors, family, congregation, etc.) How many people do you anticipate will register at your blood drive?

How will you advertise your blood drive? Please be specific.