



Knights of Columbus
 Massachusetts State Council
 470 Washington Street, Suite #6 Norwood, MA 02062

DATE: _____

Dear Blood Chairman:

This is to inform you that _____ Council # _____
 sponsored a Blood Drive on _____. The Blood Drive was held
 at _____.

Number of Pints Collected:	_____
Number of Donors:	_____
Number of Knights Donated:	_____
Number of Knight Family Members Donated	_____
Number of Knights Volunteered	_____
Number of Knight Family Members Volunteered	_____
Total Hours Volunteered	_____

Our next Blood Drive is planned/scheduled for _____ and will be
 held at _____.

 Chairman Phone

 Grand Knight Phone