

**2014 AMERICAN LEGION  
POST BLOOD DONATION REQUEST**

TO: Post Adjutants or Post Blood Chairman

This report is for dates January 1, 2013 through December 31, 2013. Please answer the following questions and return by May 1, 2014 to your District Blood Chairman.

1. Number of Legionnaires, Auxiliary and SAL members donating blood during this time period \_\_\_\_\_.
2. Total number units of blood donated by Legionnaires, Auxiliary and SAL members during this time period \_\_\_\_\_.
3. Did your Post sponsor a Bloodmobile/Blood drive? YES \_\_\_\_\_ NO \_\_\_\_\_.  
If yes, total of units donated through your efforts \_\_\_\_\_.
4. Are these totals estimated? YES \_\_\_\_\_ NO \_\_\_\_\_.
5. Total Units of Blood Donations \_\_\_\_\_

Please take the time to fill this out and get credit for what your Post is doing. Also, please fill in the Blood Donor Program section on the yearly Consolidated Post Report. Last year it was item 14 & 15 under National Security.

POST NUMBER \_\_\_\_\_ DISTRICT \_\_\_\_\_

POST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

YOUR NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

YOUR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**PLEASE RETURN TO DISTRICT BLOOD CHAIRMAN BY MAY 1, 2014.  
CHAIRMAN ARE LISTED ON THE BACK OF THIS PAGE.**

## OPTIONAL PAGE

This is an optional second page of the blood program report. Please fill out this page if the number of units of blood has, or could in the future, increase. Keep in mind that, with all the injured service men and women coming back from Iraq and Afghanistan, we will need more blood.

Does your Post participate in a blood program?    YES \_\_\_\_\_    NO \_\_\_\_\_

If so, do you think an additional drive  
per year (or more) would be possible?    YES \_\_\_\_\_    NO \_\_\_\_\_

If not, would you be interested in  
starting a new location?    YES \_\_\_\_\_    NO \_\_\_\_\_

If not, would you be interested in helping  
with a drive in your community? (Such  
as providing space for the drive or helping  
with the refreshments)    YES \_\_\_\_\_    NO \_\_\_\_\_

A suggestion for any Post/Unit/SAL that is interested in some expansion of their activity would be to contact the County Health Nurse. Also let your District Blood Program Chairman know of your interest.

## DEPARTMENT BLOOD PROGRAM

Steve Nelson, Chairman

1303 Prairie Street  
Chaska, MN 55318  
952-334-0696  
nelson.steven99@gmail.com

## DISTRICT BLOOD CHAIRMAN

1 <sup>st</sup>	Jessica Loven	P.O. Box 114, Leroy 55951
2 <sup>nd</sup>	Steve Runge	304 Fairmont Avenue, Sherburn 56171
3 <sup>rd</sup>	Rosemary Niesen	12555 10 <sup>th</sup> Street, Cologne 55322
4 <sup>th</sup>	Jim Hamilton	1793 Gervais Ave #4, Maplewood 55109
5 <sup>th</sup>	Joyce Rose	16347 Park Avenue SE, Prior Lake 55372
6 <sup>th</sup>	Judy Ficek	15268 253 <sup>rd</sup> Street, Fort Ripley 56449
7 <sup>th</sup>	Dean Knutson	15293 County Rd 26, Dalton 56324
8 <sup>th</sup>	D. Marvin Hill	625 13 <sup>th</sup> Street South, Virginia 55792
9 <sup>th</sup>	Thomas Frank	1015 Minn. Ave, Detroit Lakes 56501
10 <sup>th</sup>	Kalvin Thompson	15621 82 <sup>nd</sup> Street NE, Otsego 55330