iHeartMEDIA

Corporate Challenge

SUNCOAST BLOOD BANK
Live here. Give here. Saves here.

VOTING BALLOT

NAME:_____

DATE OF BIRTH or DONOR ID#: _____ DONATION DATE: _____

DONATION SITE:_____

PHONE: _____

EMAIL: _____

NAME OF BUSINESS OR ORGANIZATION TO RECEIVE A VOTE FOR YOUR DONATION:

_____

PLEASE WRITE CLEARLY SO YOUR VOTE WILL COUNT!!!

FOR INTERNAL USE ONLY:

Completed by:_____

Type of donation (Check one):

☐ Whole Blood ☐ Double Red ☐ Platelets

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