

DONATION & OUTREACH CENTER CONTACT INFORMATION

Date: _____

Organization Name: _____

Hours of Operation: _____

Freezer Brand and Model #: _____ Thermometer Brand: _____

Contact Person #1:

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Role at Donation & Outreach Center: _____

Contact Person #2:

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Role at Donation & Outreach Center: _____

Milk Drop-Off Location & Procedure:

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Milk Drop-Off Procedure (please include hours and whether or not an appointment needs to be made):

Donor Blood Draw Location & Procedure:

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Donor Blood Draw Procedure (please include hours and whether or not an appointment needs to be made):

