



Donor ID # _____

Request for Further Information

Thank you for your support of The Blood Center and the volunteer blood donor program. At this time, our records indicate you are ineligible as a volunteer blood donor. If you would like more information, please complete this form and return to a staff member or mail to the address below.

Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ ZIP Code _____

Email (Optional): _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Date of Birth: _____ SS # (Last 4-digits): _____

Signature: _____ Date: _____

Mail to: **Medical/Legal Department
The Blood Center
2609 Canal Street
New Orleans, LA 70119**