



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**