State Employee Blood Challenge

I, _____ , verify
please print full name as it appears on your blood donation record

that I am a State of Michigan employee in the Department of

_____.

I want to save lives as part of the State Employee Blood Challenge!

Donation Date _____ Blood Center Staff Signature _____

Thank you!

Dr. Kimberlydawn Wisdom, *Michigan Surgeon General*

RETURN FORM TO BLOOD DRIVE STAFF.

American Red Cross

Together, we can save a life

Southeastern Michigan
Regional Blood Services
100 Mack Ave.
Detroit, MI 48201
1-800-GIVE-LIFE
www.givelife.org

Badger-Hawkeye
Regional Blood Services
4860 Sheboygan Ave.
Madison, WI 53705
1-800-GIVE-LIFE
www.givelife.org

Great Lakes Regional
Blood Services
1800 E Grand River Ave.
Lansing, MI 48912
1-800-GIVE-LIFE
www.givelife.org

Western Lake Erie
Regional Blood Services
3510 Executive Parkway
Toledo, OH 43606
1-800-GIVE-LIFE
www.givelife.org

Michigan Community Blood Centers

1036 Fuller NE • PO Box 1704
Grand Rapids, MI 49501-1704
1-866-MIBLOOD ♦ www.miblood.org

Upper Peninsula Regional Blood Center

MARQUETTE GENERAL HEALTH SYSTEM
427 West Magnetic Street
Marquette, MI 49855
1-800-491-4483 ♦ www.mgh.org/blood

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