



# MASONIC BLOOD DONOR CLUB

*"We Give That Others May Live"*

## PRINT ADVERTISING REQUEST FORM

ADDRESS of blood drive: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date: \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Name of blood collection agency: \_\_\_\_\_

Name of local newspaper: \_\_\_\_\_

Name, phone number and email address of newspaper contact: \_\_\_\_\_

\_\_\_\_\_

Name of Masonic Blood Drive Coordinator: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

For more information on advertising support: Chuck Lankert (215) 896-3309 or  
email: celankert@gmail.com

**Mail this form to:**

Masonic Blood Donor Club  
C/O Charles T. Graham  
26 Jackson Drive  
Elizabethtown, PA 17022  
Or email to: cgraham915@hotmail.com

**COPY THIS FORM AS NEEDED**