



DONOR FORM

Address:
II floor, Lakeview Palace, Road no.1,
Banjara Hills, Hyderabad 500 034.
www.help4thal-hyd.org

🔥 Blood Donation 🔥 Blood Transfusion 🔥 Screening for Thalassemia 🔥 Chelation Therapy 🔥 Counselling

Name		Age	
Blood group		Gender	
Address			
Mobile		Email	

I hereby agree to donate one unit of blood at the blood donation camp being conducted on
7th June, 2016, between 10 am and 2 pm at Fortune Ford Show Room, Tolichowki, Hyderabad.

Date: _____

Place: _____

Signature: _____

Time allotted		Date allotted	
Eligible for donation	Yes / No	Blood donation given on date:	
Remarks			