

## Blood Bank Pheresis Program

### **YES! Sign me up!**

*I understand there is no obligation to donate when called.*

I want to be a **Pheresis Donor.**

• I am available to donate  Anytime  8:00 a.m. to 5:00 p.m.  5:00 p.m. to 8:00 p.m.

• I am usually available to donate within 3 days of being notified  Yes  No

• I am willing to donate:  Three or more times per year  Twice a year  Other

• Preferred location:  Christiana  Dover  Wilmington  Upper Eastern Shore  
 Salisbury  Sussex County  Virginia

**NOTE:** If you are only available to donate during certain months of the year, please list the months you are **NOT** available:

Email:

**Signature:** \_\_\_\_\_

This is **not** an application for membership in the Blood Bank.

Mail this form to:

**Blood Bank of Delmarva**  
100 Hygeia Drive  
Newark, DE 19713