

Blood Bank Plasma Pheresis Program

YES! Sign me up!

I understand there is no obligation to donate when called.

I want to be a **Plasma 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