

Please include this DONOR CARD with each donation.



Name: _____ Drop-off date: _____

Donor ID: _____

Has any of the following changed **since your donor interview/last donation?**

**If you answer "yes" to any of the below, please call us at 817-810-0071.*

Any changes to your diet or lifestyle?	Y	N
Any changes to your health status?	Y	N
Any change in complying with the waiting period after consuming alcohol?	Y	N
Has anyone in your household been sick or exposed to an infectious disease?	Y	N
Have you changed or added medication (prescription, over-the-counter, and/or herbal supplements?)	Y	N
If yes, please list: _____		

Is this your FINAL donation? Yes ___ No ___

Do you need milk bags? Yes ___ No ___

Every ounce contains a miracle - thank you!

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