

SAMPLE DONOR CHECK FORM

Date Sent: _____

Date Response Received: _____

<u>Sending Center</u>				<u>Receiving Center</u>			
Center Name: Address: Telephone: Fax Number:				Center Name: Address: Telephone: Fax Number:			
Staff Initials	Name of Donor	ID	Date of Birth	Donor on File?	Last two donation dates		Staff Initials

Instructions:

ID – indicate type of ID (SSN, INS, BCC) and use the **last four digits only**

SAMPLE