

# Club Red

## Donor Attendance Form

Please complete the information below and hand in to donor centre reception.

Your Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Donor ID Number:  
(if known) \_\_\_\_\_

Organisation: **Entoure** \_\_\_\_\_

Code: **N/A** \_\_\_\_\_

Phone Number:  
(optional) \_\_\_\_\_

Email:  
(optional) \_\_\_\_\_

All donors are required to complete a donor questionnaire form and meet the eligibility requirements before being able to donate.

Thank you for your valued time and donation today.

Please Note: By providing your contact details you are indicating that you are happy for the ARCBS to contact you in the future. ARCBS complies with all obligations under the Privacy Act 1988.

Office use only: Please return this form to your Club Red representative

To make an appointment  
call **13 14 95** or visit [donateblood.com.au](http://donateblood.com.au)



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