

Blood Assurance Program Enrollment Form

_____ I wish to enroll in the Blood Assurance Program by donating a unit of blood as my portion of the group's quota.

_____ I wish to enroll in the Blood Assurance Program but am unable to donate blood. However, I will provide an acceptable substitute to donate a unit of blood as my portion of the group's quota.

Other than myself, I claim _____ eligible dependents on my income tax.

Please print full name

U of M department phone

Signature

_____/_____
Date Social Security number