

# AFR Women's Cooperative 2018 Initiative Grant Reporting Form

## Contact Information

Entity Sponsoring Blood Drive \_\_\_\_\_  
(Agency, County or Local)

District (Please check one) NE SE NW SW Associated Agency \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Blood Drive Information

Date of Blood Drive \_\_\_\_\_ Location of Blood Drive \_\_\_\_\_

Did You Partner With Anyone? Yes No If yes, who? \_\_\_\_\_

Total Signed Up \_\_\_\_\_ Total Number of Donors \_\_\_\_\_  
(including those who were unable to donate)

Please share a few details regarding your event: \_\_\_\_\_

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How did the \$200 grant benefit your blood drive? \_\_\_\_\_

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For more information regarding the AFR Women's Cooperative, please contact  
Bethany Harmon at (405) 218-5531 or bharmon@afrmic.com

**DUE FRIDAY, DECEMBER 28, 2018**

Email completed form and photos from blood drive to Bethany Harmon prior to the date listed above.