

Welcome New Donors (First time Versiti Blood Center of Michigan donors ONLY)

Please use ink and PRINT all information:

Birth Date: _____ - _____ - _____
Month Day Year

Please gender: Female Male

Legal Last Name (include Jr, Sr, I, II, etc.)

First Name

Middle Name or Initial(optional)

Other Last Names (maiden, etc.)

Check if never used another last name.

Street Address (Number, Street, Apt #, P.O. Box)

City

State Zip Code

Please your one main race/ethnicity: *(Ethnic background is needed to help us find rare red blood cell donors.)*

Caucasian/White

African American/Black

Hispanic/Latino

Asian

American Indian

Other

Decline

(____) _____
Home Phone

(____) _____
Work Phone

(____) _____
Ext

(____) _____
Cell Phone

E-mail Address

Current high school student, graduation year: _____