



## Blood Donation Form

Help save lives by donating your blood. Please have the blood drive facilitator sign the form below. You may submit this form within 30 days of the event for credit. Each blood donation will be worth 5 Healthy Lifestyle Activity Points. You may earn up to 25 total points per reporting year (March – February).

*It is your responsibility to keep a copy of this completed form for your records. Any fraudulent representation of this form merits termination of your benefits eligibility and that of your dependents' benefits eligibility rendering invalid all benefits under the plan and requiring repayment of any benefit received pursuant to such misrepresentation or misstatement.*

### EMPLOYEE'S SECTION

By submitting this form to the Pima County Human Resources Department – Employee Wellness division I confirm that the blood donation was completed between **March 1, 2021** and **February 28, 2022**. I verify that the information provided on this form is accurate.

<b>EIN</b>	
<b>EMPLOYEE NAME</b>	
<b>EMPLOYEE SIGNATURE / DATE</b>	

### BLOOD DRIVE FACILITATOR SECTION

<b>DONATION LOCATION</b>	
<b>DATE OF DONATION</b>	
<b>FACILITATOR'S NAME</b> <i>(please print)</i>	
<b>FACILITATOR'S SIGNATURE / DATE</b>	

### SUBMIT TO PIMA COUNTY EMPLOYEE WELLNESS

- **Email:** [wellness@pima.gov](mailto:wellness@pima.gov)
- **Fax:** (520) 724-8150
- **Mail:** 150 W. Congress, 4<sup>th</sup> Floor



### FOR PIMA COUNTY EMPLOYEE WELLNESS USE ONLY:

<b>Date Received</b>		<b>Submission Type</b>	<input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> in person <input type="checkbox"/> mail	<b>Date Recorded</b>		<b>Entered By</b>	
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