

**Blood Donation**

**Present to**...........................................................................................(Professor)

**Place**............................................................................................**Date**............................................

**Register courses 01999033 Arts of Living in Semester** …....……….**Year**…………………....

**Sign**............................................................

(..............................................................)

**Warrantor**

**Warrantor Address**

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**Copy of Donation Card**

**Front card**

**Back card**

**1. Benefits from participation (with an explanation and example)**

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**2. Your feedback on the activity**

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**3. Other comments**

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**Submissions date**

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