



Name.....Sec.....
ID.....Faculty.....Order.....

Blood Donation

Present to.....(Professor)

Place.....Date.....

Register courses 01999033 Arts of Living in SemesterYear.....

Sign.....

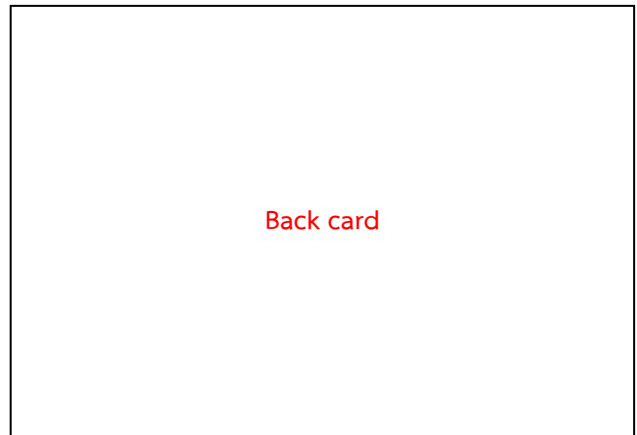
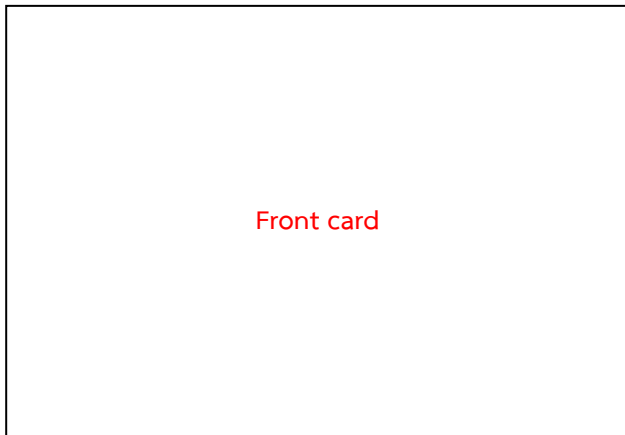
(.....)

Warrantor

Warrantor Address

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Copy of Donation 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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