



# RACER WELLNESS

## 2022 Wellness Pledge: Blood Donation Form

Name: \_\_\_\_\_

M Number: \_\_\_\_\_

Date of Blood Donation: \_\_\_\_\_

Donation Site: \_\_\_\_\_

Name of Blood Donation Organization: \_\_\_\_\_

*I certify that above individual donated blood on the aforementioned date.*

\_\_\_\_\_  
Name: Organization Representative

\_\_\_\_\_  
Date

*Please submit this form to Racer Wellness.*

*Email: [msu.racerwellness@murraystate.edu](mailto:msu.racerwellness@murraystate.edu)*

*Campus Mail: 412 Sparks Hall*