

Friends & Family Referral Card

Referring Donor Name: _____

Referring Donor Number: _____

New Donor Name: _____

New Donor Number: _____

Date: _____ Employee Initials: _____



*Must complete a full donation of plasma to qualify. Guest, Friend or Family member is subject to medical screening to qualify for donation and must complete a full donation for you to receive the bonus. All donor promotional fees subject to change at any time and may not be combined with another promotion.