



Blood Bank of Alaska

Helping Alaskan patients in need

Donation in honor of:

3rd Annual Asher Banks Memorial Blood Drive



My Name: _____

Date of Donation: _____

***Please give this slip to BBAK staff at the time of registration. Must
donate between 5/30-6/6/2025 to receive double Hero Points***

BBAK staff, return to Community Coordinator SMM (smarshall@bbak.org)