

PARTNERS IN SAVING LIVES

Thank you for partnering with Central California Blood Center. Your support helps us provide lifesaving blood to 20 hospitals and healthcare providers across the Central Valley, including Community Regional, St. Agnes Medical Center, Valley Children's Hospital, and Kaweah Health. Every blood donation can save up to three lives, and we couldn't do this work without partners like you.

For each blood drive, we'll work together to set a realistic donation goal. Accurate estimates are important, as scheduled units are counted by our hospitals and help us plan daily and weekly blood supply needs.



We ask partners to honor scheduled drive dates whenever possible since cancellations or last-minute changes can impact patient care. If changes are needed, early communication helps us quickly reschedule. Maintaining a backup donor list is also recommended to account for no-shows or last-minute issues.

To support long-term planning, we encourage scheduling drives as early as possible—ideally up to a year in advance. Hosting three drives per year provides meaningful opportunities for your community to give back. A dedicated Territory Representative is also assigned to each partner.

Your Territory Representative will help you:

- Create a recruitment plan tailored to your organization or group
- Monitor progress toward your donation goal
- Adjust staffing, setup, and resources as donor expectations change

As a valued partner, we ask that you:

- Actively promote the blood drive within your community
- Share accurate updates on expected donor turnout
- Encourage donors to make appointments to help reduce wait times and keep the drive

Having more donor sign-ups than the goal helps account for eligibility issues or missed appointments. Volunteers are also a valuable part of a successful drive and can assist with recruitment, donor check-in, reminders, follow-ups, and canteen support.

By completing the enclosed form, you confirm a shared commitment to communication, planning, and teamwork. We are grateful for your partnership and your role in helping save lives across the Central Valley.

Thank you for being part of this lifesaving mission!

BLOOD DRIVE CHAIR COMMITMENT FORM

FOR THE TERRITORY REPRESENTATIVE

Territory Representative Name _____ Phone (_____) _____

Email _____

Blood Drive Goal _____ Sign-Up Goal _____

FOR THE BLOOD DRIVE ACCOUNT

Blood Drive Account Name _____

Primary Contact Name _____ Phone (_____) _____

Email _____

Secondary Contact Name _____ Phone (_____) _____

Email _____

Blood Drive Goal _____ Sign-Up Goal _____ Blood Drive Date ____ / ____ / ____

Blood Drive Start Time ____ : ____ AM/PM Blood Drive End Time ____ : ____ AM/PM

Blood Drive Location _____ Est. Staff Arrival ____ : ____ AM/PM

Territory Representative Signature _____ Date ____ / ____ / ____

Account Signature _____ Date ____ / ____ / ____