



BLOOD ORIGINS SUPPORTER PROGRAM SWEEPSTAKES SIGN UP

(THIS IS FOR 1 MONTH OF SWEEPSTAKES, MUST BE RECEIVED BEFORE THE 1ST DAY OF MONTH TO BE VALID)

1. NAME (FIRST, LAST): _____

2. HOME ADDRESS: _____

3. ADDRESS LINE 2: _____

4. CITY/STATE/PROVINCE: _____

5. COUNTRY: _____

6. EMAIL ADDRESS: _____

7. PHONE NUMBER: _____

8. MONTH YOU ARE REGISTERING FOR: _____

MAIL TO:

BLOOD ORIGINS
208 CITIZEN ST
BAY ST LOUIS, MS 39520

THIS IS A SWEEPSTAKES WITH NO PURCHASE NECESSARY.
A PURCHASE OF DONATION IN NO WAY INCREASES CHANCES OF WINNING.