

THE BOMBAY PIPES & FITTINGS MERCHANTS' CHARITABLE TRUST

84, Nagdevi Street, 2nd Floor, Mumbai – 400 003.

Tel. No. 2342 7758 / 4003 7758

Website – www.bpfma.com E-mail : info@bpfma.com

Cir.No.19/2018-2019

Dt: 22/03/2019

“BLOOD DONATION CAMP”



A blood donation drive is being organized by The Bombay Pipes & Fittings Merchants' Charitable Trust in lieu with Sir J.J. Mahanagar Raktapedhi (Managed by : STATE BLOOD TRANSFUSION COUNCIL)

Members are humbly requested to be a part of this **BLOOD DONATION CAMP** by donating Blood & also inform the staff members & others to convince them to donate Blood.

Request all the members to please spread the word and come forward.

Everyone who wishes to donate BLOOD, are requested to send in their names & other details as per the attached slip

Date : Wednesday, 3rd April, 2019

Time : 10.00 A.M to 5.00 P.M.

**Venue : The Bombay Pipes & Fittings Merchants' Association.
"Shri. Nagindas Lalchand Parekh Sabhagrah".
84, Nagdevi Street., 2nd floor, Mumbai 400003.**

REFRESHMENTS & COMPLIMENTS SHALL BE GIVEN TO ALL DONORS

For THE BOMBAY PIPES & FITTINGS MERCHANTS' CHARITABLE TRUST

**DIPAK R. DANI
MG. TRUSTEE**

**SHIRISH N. SHAH
CONVENOR
(MEDICAL CAMP COMMITTEE)**

**YOGESH M. MEHTA
PRESIDENT (BPFMA)**

Instructions for Blood Donation

1. The age of blood Donors should be between 18 to 60 years.
2. Minimum weight required 50 kg.
3. Minimum Hemoglobin required 12.5.
4. Minimum gap between two blood donations should be 3 months.
5. You should not have suffered from any illness in last 7 days like cough cold, fever.
6. For Blood Donation kindly take light breakfast within last 4 hrs
7. **Do not** come empty stomach
8. Drink 2 glasses of water BEFORE donating Blood.
9. **Do not** Smoke or chew Tobacco 4 to 6 hrs prior to the Blood Donation.
10. **Do not** consume alcohol 24 hrs prior to Blood Donation
11. Kindly answer the questions truthfully asked to you before Blood Donation
12. Our Doctor will check your weight HB, Medical fitness and BP, If you Qualify the for same you will be able to donate Blood.
13. We accept healthy and safe blood from Blood Donors.
14. **Any pre medical condition needs to be addressed at the time of enrollment.**

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SLIP

Member Firm Name & Address: _____

Name of The Person : Mr./ Mrs. : _____

(Proprietor / Partner / Director / Family Member / Staff Member)

Age : _____

Blood Group : _____

Mobile No. _____

Member Signature with Firm Rubber Stamp
(Proprietor / Partners / Directors)