

**Template for Advocacy**

**Visit Report Fax Form**

Please complete this form and FAX to (202) 393-1282. Feel free to make multiple photocopies for future use. For questions, please call (202) 654-2981.

Blood Center: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Member of Congress: \_\_\_\_\_

Did you meet with the Member? (circle one)                      yes                      no

If "no," with whom did you meet? (name & title):

\_\_\_\_\_  
\_\_\_\_\_

Was this meeting a "courtesy call?" (circle one)                      yes                      no

If "no," please describe the nature of the meeting and how you would like for ABC staff to follow-up:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ideas & Suggestions:

\_\_\_\_\_  
\_\_\_\_\_

We greatly appreciate your support. Thank you.

**Fax: (202) 393-1282**