

# Pint-sized Heroes

A program for little heroes  
who make a big difference!



Dear Parent or Guardian,

Help your student be a Pint-sized Hero! The Pint-sized Heroes program is a community service project developed by the American Red Cross to introduce children to the importance of donating blood. The program encourages students to volunteer at the blood drive and invite parents, guardians and other adults to give blood on their behalf. Below is the information for the blood drive being sponsored by your child's school.

## Join Us for the Pint-sized Heroes Blood Drive!

**George Ellery Hale Middle School**

**Monday, April 9, 2012**

**1:00 pm to 7:00 pm**

**Multi- Purpose Room**

**All Participants will receive 2 Laugh Factory Tickets, and can enter a region drawing for a chance to WIN Free Movies for a Year! (Details at Drive)**

- Each student who invites an adult to come to donate will be recognized as a Pint-sized Hero
- If a parent has more than one child in the school, each student will be recognized.

Tomorrow's life-saving blood donations will be made by today's children who are taught the importance of blood donation. Please consider donating blood to help your student and help save a life. Most healthy people who meet the minimum age requirement (16 years old with parental consent), weigh at least 110 pounds, are in general good health and provide valid identification upon donation may be eligible to donate. To Schedule an appointment, sign up online or complete the form below and return it to your child's teacher or the front office. Appointments are available in 20 minute intervals. We will notify you with a phone call of your scheduled appointment time. Contact your ARC representative Sherry Nikirk with eligibility questions at (818) 992-2005 or contact school nurse at (818) 313-7438 with questions or appointment.

## **Pint-sized Heroes Form**

## **Blood Donor Response**

**Sign up ONLINE! Visit: [www.redcrossblood.org](http://www.redcrossblood.org) and enter sponsor code: hmswh**

CHILD'S NAME:

TEACHER/HOMEROOM:

DONOR'S NAME:

ADDRESS:

PHONE:

EMAIL:

PREFERRED DONATION TIME: 1<sup>ST</sup> CHOICE \_\_\_\_\_ 2<sup>ND</sup> CHOICE \_\_\_\_\_ 3<sup>RD</sup> CHOICE \_\_\_\_\_

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**The need is constant. The gratification is instant. Give blood.™**