

**NOMINATE YOUR POST FOR:**  
**BEST POST**  
**BLOOD DONOR PROGRAM**

End of Year Award Instructions:

1. A copy of your National Consolidated Post Report and Department Addendum **must be on file with Department Headquarters** to be eligible for this award.
2. The reporting period is from May 1, 2025 – April 30, 2026. Any donations after this date must go on next year's report.
3. For awards – a letter from the local blood bank listing the total ***Blood Units*** on file for the account and number of participants from your Post must be attached to your report.
4. Include a narrative containing information or comments concerning the Blood Donor activities of your post such as; how many donated units were collected by Legion, Auxiliary, SAL or the community, how these units were utilized and any special activities for the Blood Donor Program.

**AWARDS ARE:** Margaret Skaggs Memorial (1st place)  
Runner-up (2nd place)

**MAIL SUBMISSION TO:** Florida American Legion  
P.O. BOX 547859  
Orlando, FL 32854-7859  
Attn: Programs Director

**E-MAIL SUBMISSION TO:** [programs@floridalegion.org](mailto:programs@floridalegion.org)

***\*\*Nomination must be received no later than  
May 4, 2026\*\****



Department Convention & End of the Year Awards  
Nomination Form

*Attach a one to two paged written narrative to this form*

**Deadline: May 4, 2026**

Title of Award: **MARGARET SKAGGS MEMORIAL:  
BEST POST BLOOD DONOR PROGRAM AWARD**

District#: \_\_\_\_\_ Post#: \_\_\_\_\_

Name of Blood Donnor Chair: \_\_\_\_\_

Name of Report Preparer: \_\_\_\_\_

Post Address: \_\_\_\_\_

Post Phone#: \_\_\_\_\_

Has post attached a one to two paged narrative report? Yes or No

Has post submitted their National Consolidated Post Report AND Department CPR Addendum to the Department Headquarters? Yes or No

Signature of Post Commander: \_\_\_\_\_

Signature of Report Preparer: \_\_\_\_\_