

United Way Day of Caring

19h Annual Day of Caring Agency Project Form – February 25, 2012

Please use separate forms for each project. Please print legibly or type.

Agency/Organization: _____

Contact Name: _____

Mailing Address: _____

Phone: _____ After Hours #: _____ Fax _____

E-mail: _____

Project Description: _____

Please list the tasks to complete this project. Specify what is to be accomplished and what volunteer skills are needed. _____

Project Address: _____

Materials Needed: _____

Materials You Can Provide: _____

Number of Volunteers Requested: _____

Estimated Project Hours: _____ Starting At _____ Ending At _____

Can more than one group complete this project? YES NO

Estimated Dollar Value of Project: _____

IMPORTANT: Project/Team matches will be announced at the Countdown to Caring Luncheon Tuesday, January 24, 2012 from 12-1pm at the Marion County Auditorium South Hall at 2232 NE Jacksonville Rd

Will you or an agency representative attend this luncheon? _____ NO _____

YES _____ NAME OF PERSON ATTENDING _____

PLEASE NOTE: LUNCH WILL BE PROVIDED FOR 1 REPRESENTATIVE PER AGENCY. YOU MAY ORDER ADDITIONAL LUNCHES @ \$10/EACH.) NAMES OF ADDITIONAL STAFF ATTENDING: _____

Please return this form by Friday , December 30, 2011

To Tina Banner by fax to 352-732-9608, by mail to United Way of Marion County, PO Box 1086, Ocala, FL 34478 or email tbanner@uwmc.org Questions? Call at 732-9696

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