

United Way Day of Caring

19th Annual Day of Caring Work Team Form — February 25, 2012

Company/Organization: _____

Team Captain: _____ Title: _____

Mailing Address: _____

Phone: _____ After Hours #: _____ Fax: _____

Contact E-mail: _____

VOLUNTEER WORK PREFERENCE:

Please check at least one of the following options regarding your team 's preference:

Physical Labor _____ Indoor Work _____ Outdoor Work _____ Does not matter _____

PROJECT or AGENCY PREFERENCE: (Please rank 1st, 2nd and 3rd choices)

Computer Work _____ Beautification/Cleanup _____ Senior Citizens _____ Children/Youth _____ Does not matter _____

PLEASE NOTE HERE IF YOUR COMPANY OR GROUP WOULD LIKE TO BE PARTNERED WITH A PARTICULAR AGENCY: _____

VOLUNTEERS: How many volunteers will your team have? _____

Does your entire team wish to be assigned to the same project? YES

Does not matter!

OUR TEAM CAN PROVIDE THE FOLLOWING MATERIALS:

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 2232 NE Jacksonville Rd

Will you or a Team Representative attend this luncheon?

YES _____ NAME OF PERSON ATTENDING _____ NO _____

PLEASE NOTE: LUNCH WILL BE PROVIDED FOR 1 REPRESENTATIVE PER TEAM. YOU MAY ORDER ADDITIONAL LUNCHES @ \$10/EACH. PLEASE LIST NAMES OF ANY ADDITIONAL TEAM MEMBERS ATTENDING: _____

Would you or your team like a LIVE UNITED T-Shirt at a cost of \$5 per shirt? YES NO

If yes, what are the shirt sizes you would like ordered and how many you would like to order (we must have this information no later than February 10th, 2012) _____

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

United Way
of Marion County



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