

DAY OF CARING20TH ANNUAL
09.12.17

United Way of Marshall County

contact: lauren@unitedwaymarshall.org

2017 DAY OF CARING PROJECT REQUEST FORM

Please return form by fax to (256) 582-4779 or by email to lauren@unitedwaymarshall.org no later than **Friday, August 11**.

Business/Organization Name: _____

Contact Name: _____

Phone: _____ Email: _____

Project Code & Name: _____

♦ Please note that all teams volunteering for "H" projects (In-House Collections/Drives) are limited to 5 free t-shirts and 5 free breakfast tickets. All other projects are entitled to one free t-shirt and one free breakfast ticket per volunteer.

1. Recruited Volunteers: (One form per project. Please photocopy as needed.)

Volunteer Name		Project #	T-shirt Size	Breakfast Ticket (yes or no)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2. VOLUNTEER T-Shirt Sizes (please give us total number of shirts per size from the list above):

SHIRT SIZE	S	M	L	XL	2XL	3XL	4XL	TOTAL NUMBER OF SHIRTS	TOTAL NUMBER OF TICKETS

NON-VOLUNTEER T-SHIRTS AND BREAKFAST TICKETS

Additional t-shirts and breakfast tickets are available for purchase for anyone that is not participating in a Day of Caring Project. T-shirts are \$8 each and breakfast tickets are \$8 each. Please indicate sizes below for t-shirts as well as number of breakfast tickets if interested in purchasing for non-volunteers:

NON-VOLUNTEER T-shirt Sizes:

SHIRT SIZE	S	M	L	XL	2XL	3XL	4XL	TOTAL NUMBER OF SHIRTS	TOTAL NUMBER OF TICKETS

Total number of *non-volunteer* t-shirts: _____ X \$8 each = _____Total number of *non-volunteer* breakfast tickets: _____ X \$8 each = _____**PLEASE CHECK ONE: INVOICE _____ CASH/CHECK ON DELIVERY _____**

Payment Information (for UW use only):

Amount Due: \$ _____ COD: _____

Amount Paid: \$ _____

Balance Due: \$ _____

Send Invoice: _____ Invoice #: _____

Please contact Lauren Walker at (256) 582-4700 with any questions.