GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED™

United Way
United Way of Southwest Alabama

2010 DAY OF CARING PROJECT PROPOSAL

This completed form should be forwarded to the United Way office by Friday, March 26, 2010 to the Day of Caring Committee

NAME OF AGENCY _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

AGENCY DAY OF CARING COORDINATOR

NAME _____

TITLE _____ **PHONE** _____

FAX _____ **E-MAIL** _____

IN MY ABSENCE CONTACT:

NAME _____ **TITLE** _____

PHONE _____ **E-MAIL** _____

PROJECT DESCRIPTION

PLEASE PROVIDED AS MUCH DETAIL AS POSSIBLE, SO THE RIGHT VOLUNTEER TEAM CAN BE MATCHED WITH THE RIGHT PROJECT. SUBMIT ONE FORM FOR EACH PROJECT

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

APPROXIMATELY HOW MANY VOLUNTEERS WILL YOU NEED? _____

ARE YOU ABLE TO PROVIDE LUNCH & FLUIDS FOR THE VOLUNTEERS?

☐ **LUNCH & FLUIDS** ☐ **FLUIDS** ☐ **UNABLE TO PROVIDE**

PROJECT LOCATION _____

(INCLUDE DIRECTIONS ON SEPARATE SHEET)

____ MOBILECOUNTY ____WASHINGTON COUNTY ____CLARKE COUNTY

ESTIMATED HOURS IT WILL TAKE TO COMPLET THE PROJECT:

(PROJECTS SHOULD BE COMPLETED BY 5:00 P.M.)

_____ ½ DAY - AM **_____½ DAY - PM**

_____ FULL DAY **OTHER _____**

ADDITIONAL NOTES/INFORMATION

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

YOUR DAY OF CARING PROJECT TEAM WILL RECEIVE 3 DAY OF CARING T-SHIRTS.

PLEASE LET US KNOW THE SIZES YOU WILL NEED:

M ____ L ____ XL ____ XXL _____

Please fax this form to 251-431-0120 Attn: Kerry Cohen or email to kcohen@uwswa.org