

DAY OF CARING 2011

Jackson County United Way
Tuesday May 10, 2011

Participation Form

Please return this form to Jackson County United Way no later than March 14, 2011.

Company/ Club Name: _____

Contact Person: _____

Contact's Phone: _____ Cell/ Day of Event Phone: _____

Contact Person's Email: _____

Address: _____

Our company/club would like to participate in the Day of Caring by:

▪ **Monetary Donation: \$** _____

Payment can be made by cash, check *payable to Jackson County United Way*, or by Credit Card (Mastercard & Visa only)

▪ **Materials Donation (for example: paint, lumber, food, etc.):**

List donations here: _____

Dollar Value of Materials Donated: \$ _____

▪ **Volunteers: Number of Volunteers:** _____

Special Skills of Volunteers: _____

**GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED™**

