



21st Annual Day of Caring 2017

Our Organization would like to participate in the Day of Caring by:

Cash Donation: \$ _____

Bill me: \$ _____

Sponsorship Level:

- Presenting (\$1,500)
- Leading (\$750)
- Serving (\$300)
- Helping (\$100)

Donation of Materials (for example: paint, lumber, food, etc.): _____

Company/Club Name: _____

Contact Person: _____

Address: _____

Email: _____

Phone: _____ Number of Volunteers: _____

Volunteers Skills/interests: _____

Volunteer groups will be asked to provide some tools for their projects.

Please complete and return this form the Jackson County United Way office by:

Friday, March 31, 2017

Please complete and mail or fax to the United Way office
PO Box 94 • Seymour • Indiana • 47274

Phone: 812-522-5450 • Fax: 812-524-8176 • Email: bonita@jacsy.org

21st DAY OF CARING 2017

Jackson County United Way

Tuesday, May 9, 2017



Project Request Form

Please return this form to Jackson County United Way no later than **Friday, March 31, 2017.**

Individual projects must be recommended by a local 501C3 agency.

Projects must be able to be completed from 8:30 am to 3:30 pm.

*****You will be notified only if your project is NOT selected*****

Agency Name: _____

Project Contact Person: _____

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

Project Contact Person's Email: _____

Project Address: _____

Approximate # of volunteers needed to complete project: _____

Detailed description of project: _____

*List of materials you are providing: _____

*Materials Needed: _____

*Day of Caring (DOC) is funded through in-kind and monetary donations; **please provide materials needed for your project.**

- **Provide as many materials as possible.**
- **You must provide a certificate of insurance!**
- **Please plan to provide your volunteer crew with a light lunch and beverage as a thank you for their time on the Day of Caring!**

GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED 