

Yes, we want to participate in "Day of Caring" 2013!

Thursday, September 12th and Saturday, September 14th

Please Fax Information Back By *FRIDAY, AUGUST 16TH, 2013* to: (269) 945-4536

Business Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____

E-mail Address: _____

Number of Volunteers: _____ Number of Lunches Requested: _____

Lunch Options – Please indicate your preference

A lunch will be provided for each volunteer participating in "Day of Caring" on Thursday only. Special dietary needs will be the responsibility of the volunteer.

_____ LUNCHEON AT THE YMCA/Camp Algonquin

_____ SACKED LUNCH (Turkey sandwich, chips, fruit, cookies, water)

**** If requesting a sacked lunch, please circle your preference below. ****

PICK UP @ UNITED WAY CAMPAIGN KICK OFF

-OR-

DELIVERED TO YOUR PROJECT SITE

Projects in Order of Preference (See the Project List):

1. _____

Date/Time: _____

2. _____

Date/Time: _____

3. _____

Date/Time: _____

Every Attempt will be made to accommodate your preferences; however, we are not able to guarantee your first choice as projects will be assigned in the order they are returned.

Signature: _____ Date: _____

Please understand that by signing above, you agree to hold the Barry County United Way & Volunteer Center and all participating agencies harmless from any and all liability associated with or arising from your involvement in volunteer activities on *Day of Caring*.

