

Send Invoice:\_

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## 2016 DAY OF CARING PROJECT REQUEST FORM

Please return form by fax to (256) 582-4779 or by email to <a href="mailto:lauren@unitedwaymarshall.org">lauren@unitedwaymarshall.org</a> no later than **Friday, August 19.** 

e:						Emai	l:					
ct Code & Nam	е											
										o 5 free t-shirts and	l 5 free	
kfast tickets. Al	l other pi	<u>rojects a</u>	are entit	<u>led to o</u>	<u>ne free t</u>	<u>-shirt an</u>	d one fr	<u>ee break</u>	fast ticket per v	<u>olunteer.</u>		
ecruited Volunte	ers: <mark>(On</mark>	e form p	<mark>oer proje</mark>	ect. Plea	ise photo	ocopy as	needed	<mark>.)</mark>		Ţ		
Volunteer Name								oject #	T-shirt Size	Breakfast Ticke (yes or no)	et	
1.												
2.												
3.												
4.												
5.											_	
6.												
7.												
8.												
9.												
10.												
VOLUNTEER 1			olease (								_	
SHIRT SIZE	S	S M L XL			2XL	2XL 3XL	4XL		AL NUMBER   F SHIRTS	TOTAL NUMBER		
		NO	N-VOLU	JNTEE	R T-SHI	RTS AN	ID BRE	AKFAS	T TICKETS			
Addition	al t-shirts					_		_		not participating in	a	
Day of Ca	aring Pro	oject. T-	shirts a	re \$6 e	ach and	breakfa	st ticke	ts are \$8		indicate sizes belo		
ON-VOLUNTE				jer or bi	eakiasi	lickels	i iiileres	sieu iii p	urchasing for ti	on-volunteers.		
SHIRT SIZE	S	M	L	XL	2XL	3XL	4XL	тот	AL NUMBER O		TOTAL NUMBER	
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		aluntas	rt obir	to:	1		V ¢6 o	oob –		L		
otal number o	f non-w		, r-21111	ı			V AO G	acii = _				
otal number o	f non-vo	Juine										
			er break	fast tic	kets: _		_X \$8 e	ach = _		-		
	f non-ve	oluntee							ERY			