



10th Annual Day of Caring

United Way of Greater Texarkana, Inc.

Phone: (903) 794-3105

Fax: (903) 793-6320



(Please use one form per project)

Agency:		Contact's Phone #:	Company Assigned:
Contact Person:		E-mail Address:	Date:
			<small>(for UW use only)</small>
Project Name:			
Project Description (please clearly explain what this project entails):			
Backup Rainy Day Plans:			
Number of Volunteers needed:	Hours needed to complete project:	Project Location (address):	
Special clothing required of volunteers:			
Project Level:		Special Skills Required:	
Easy <input type="checkbox"/>			
Difficult <input type="checkbox"/>			

Agency Director Signature: _____

Date _____

Please provide a cell phone number to be used on the day of caring.

Name _____ Ph# _____

Please fax completed form by **September 2, 2011**

DOC Project Coordinator,
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