

GENESEE COUNTRY UNITED WAY
** DAY OF CARING **
WEDNESDAY, MAY 19, 2010 (9:00 TO 3:00)

Project Request Form

Organization: _____

Address: _____

Agency/Project Representative: _____

Phone: _____ Fax # _____

E-Mail _____

Please list project. (please be as specific as possible)

We have enclosed _____ (#) Volunteer Project Proposal(s).

We will need a total of _____ (#) volunteers for all requested project(s).

YES! WE HAVE READ & AGREE TO DAY OF CARING 2010 AGENCY GUIDELINES

Name _____ Date _____

Please reply by email or fax by March 5th to:

Chris Fix - Campaign Associate

Fax: (585) 343-9120

Email: Christine.fix@uwrochester.org

