



5th Annual Day of Caring: Thursday, September 10, 2009 **Kishwaukee United Way**

Agency Project Form

Please provide a separate form for each project you would like considered for the Day of Caring.
** Multiple projects are encouraged! **

PLEASE RETURN TO THE UNITED WAY OFFICE BY FRIDAY, AUGUST 14, 2009.

1. Agency: _____
Contact Person: _____
Phone # _____ Fax # _____ Email Address: _____
Mailing Address: _____

2. Type of project you would like considered for completion by your agency: _____

3. Describe the details of your project (Please be as specific as possible): _____

4. Materials required to complete project: You will provide: _____

You'd like us to provide: _____

5. Staff member(s) name(s) who will be on site: _____

6. Estimated number of hours to complete the project: _____

Is the project site accessible to persons with disabilities? Yes No

If your agency is in serious need of certain in-kind items and you would like us to arrange a collection on your behalf, please e-mail us at info@kishwaukeeunitedway.com and we will consider your request.

Return this form by **August 14, 2009** by fax to **Kishwaukee United Way** at **815-748-5142**.
Questions? Please call KUW at 815-756-7522 or email info@kishwaukeeunitedway.com