



Kishwaukee United Way

## 2009 Day of Caring

# VOLUNTEER Participation Form (Due August 21, 2009)

Name \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_ **YES** - I/my company or organization will be participating in the 2009 Day of Caring.

**Please list number of volunteers for Day of Caring: \_\_\_\_\_**

Name: \_\_\_\_\_ T-shirt Size \_\_\_\_\_      Name \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Name: \_\_\_\_\_ T-shirt Size \_\_\_\_\_      Name \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Name: \_\_\_\_\_ T-shirt Size \_\_\_\_\_      Name \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Name: \_\_\_\_\_ T-shirt Size \_\_\_\_\_      Name \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Name: \_\_\_\_\_ T-shirt Size \_\_\_\_\_      Name \_\_\_\_\_ T-shirt Size \_\_\_\_\_

\_\_\_ **No** - I/my company will not be participating in the 2009 Day of Caring.

Please complete this form and then send it to the  
KUW Day of Caring Committee, PO Box 311, DeKalb, IL 60115 or  
FAX it to us at 815-748-5142 by

**August 21, 2009.**