



United Way
of Deschutes County

**Day of Caring
May 16 & 17, 2008
PROJECT DESCRIPTION FORM**

Organization: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ FAX: _____

Email: _____

Project site address: *(If different than above.)*

Description of project: *(Please be specific.)* _____

of volunteers needed: _____

Special skills required for project: _____

Materials needed for the project: _____

Materials that need to be donated: *(Have you arranged for them to be donated yet?)*

Select preferred time/day for your project:

Friday Morning

Friday Afternoon

Saturday Morning

Do you have clear, detailed instructions for the volunteers?

Do you have a plan for completing the project?

Please return to the United Way office by March 18, 2008.

United Way of Deschutes County
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