



DAY OF CARING

09.12.18

Volunteer Team Form

Our company _____ would like to participate in Day of Caring on September 12, 2018 by providing a volunteer team.

We will have a team with _____ members!

Company Name: _____

Company Contact: _____

Address: _____

City/State/Zip: _____

Contact E-Mail: _____

Phone: _____

Registration Deadline: August 17th, 2018

Mail Completed Form To:

United Way of Cowlitz & Wahkiakum Counties
1338 Commerce Ave., Suite 206
Longview, WA 98632

Or E-Mail/Fax Form To:

bfisher@cowlitzunitedway.org or
rstrand@cowlitzunitedway.org
Fax: 360-423-8162