



United Way
of Greater McHenry County

United Way's Day of Caring Project Request Form

My organization would love to participate in a Day of Caring:

Organization Name: _____

Organization Address: _____

City, State, Zip: _____

Contact Name: _____

Phone Number: _____

Email: _____

Project Name: _____

Project Description: _____

Supplies Needed: _____

Quantity (if applicable): _____

Approximate Number of Volunteers Needed: _____

COMPLETED FORMS CAN BE EMAILED TO:

Heidi Berardi, Resource Development & Relationship Manager

hberardi@uwmchenry.org