

**United
Way**



**2010
Day of Caring**

PROJECT APPLICATION FORM

(Please complete ONE form per project request)

Agency or Organization Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact Name: _____

Telephone: _____ **FAX:** _____

Contact email: _____

Project Title: _____

Site Address: _____

Project Description: _____

Volunteers needed: _____ **Hours to Complete:** _____

Estimated Dollar Value on Project: _____

Materials Required: _____

DEADLINE FOR PROJECT REQUESTS MARCH 26, 2010

Missouri Slope Areawide United Way
PO Box 2111
Bismarck, ND 58502
Phone: 701-255-3601
Fax: 701-255-6243
www.msaunitedway.com