Cardmaking Project Form

Name: _____ **Date:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

How many cards are included in this package? _____

Please send a letter acknowledging my individual/group volunteer hours: ____ Yes ____ No

I/we have participated in DOROT programs before: ____ Yes ____ No
If yes, please specify: _____

How did you hear about DOROT?
____ Family/Friend ____ Google Search ____ Media *(TV, radio, social media etc.)* ____ School
____ Volunteer Website ____ UJA-Federation ____ Other *(please explain)*: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOUR CARDS ARE FROM A GROUP OF 2 OR MORE:

Please share the name of your organization/group: _____

Type of group: *(check whichever best describes your group):*
____ Family ____ Corporate ____ Nonprofit/Community ____ College/University ____ Synagogue
____ Other Religious Institution ____ Pre-school/Elementary ____ Middle School ____ High School
____ College/University ____ Other:_____

Number of volunteer(s) in your group *(The number of participants for each applicable category):*
____ # of Adults ____ # of College Students ____ # of Youth *(under 18)*

Was a DOROT representative present with your group? ___ Yes ___ No

Please share any other relevant information: _____

_____

Thank you! Please return this form with the cards to:
Cardmaking Project – DOROT, 171 West 85th Street, New York, NY 10024