Cardmaking Project Information Form

Name: __________________________ Date: __________________________

Group, School or Company Name (if applicable): __________________________

Address: ______________________________________________________________________________

Phone: __________________________ Contact Email: __________________________

Number of Volunteer(s) - write in number of participants for each applicable category:
___ # of Adults
___ # College Students
___ # of Youth (under 18): ___ # Preschool ___ # Elementary ___ # Middle School ___ # High School

Type of Group (if applicable, check which type):
___ Corporate
___ Nonprofit/Community: ___ College/University ___ Synagogue ___ Other Religious ___ Other
___ School Group: ___ Pre-school ___ Elementary ___ Middle School ___ High School
___ Other (please indicate): __________________________________________________________________

Card Information:
1. How many cards are included in this package? ____
2. What type of cards are included: ____ Birthday ____ Caring ____ Hanukah ____ Passover
   ____ Rosh Hashanah ____ September 11 ____ Spring ____ Summer ____ Thanksgiving ____ Winter
3. Please mail me a letter acknowledging my/my group’s volunteer hours: _____ Yes _____ No

How did you hear about DOROT?
_____ Google Search _____ DOROT staff member _____ Another Volunteer_____ UJA-Federation
_____ Other (please explain): __________________________________________________________________

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

Please share any other information that you would like about your cards or project:
____________________________________________________________________________________
____________________________________________________________________________________

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