



# 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 85<sup>th</sup> Street, New York, NY 10024