



Cardmaking Project Information Form

Name: _____ **Date:** _____

Address: _____

Phone: _____ **Contact Email:** _____

How many cards are included in this package? _____

How did you hear about DOROT?

___ Family/Friend ___ Google Search ___ Media (TV, radio, social media etc.) ___ School

___ Volunteer Website ___ UJA-Federation ___ Other (please explain):

I/we have participated in DOROT programs before: ___ Yes ___ No

If yes, please specify: _____

PLEASE ONLY COMPLETE THE FOLLOWING INFORMATION IF YOUR CARDS ARE FROM A GROUP OF 2+ PEOPLE:

What kind of group is this? (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: _____

Please share the name of your organization/group: _____

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

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