Cardmaking Project Information Form 2020

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: ___ 9/11 Day of Service & Remembrance ___ Birthday ___ Caring Cards ___ Rosh Hashanah ___ Thanksgiving ___ Hanukah ___ Winter ___ Passover ___ Summer
3. How much time did each person in your group spend making card (in minutes): ______
4. Please email 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
_____ 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 for your help! Please return this form with the cards to:

DOROT
171 West 85 Street
New York, NY 10024
Attn: Cardmaking Program

DOROT; 171 West 85th Street; New York, New York 10024; Phone: 212-769-2850 · Website: www.dorotusa.org