



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: ___ 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