

United Way May of Caring
Project Proposal Form
(Please complete one form per project)

Organization _____

Contact: _____

Project: Address (should be within Franklin County) _____

Phone: _____ Fax: _____

E-mail: _____

Project Date(s): _____

Rain Date(s) (if outdoors): _____

Prior Participation: Project(s)/Years(s): _____

Work Requested: (Select the type(s) of work the volunteers will do.)

____ Clean Up/Demo

____ Meal Prep/Delivery

____ Mentoring/Tutoring

____ Landscaping

____ Painting

____ Organizing/Sorting

____ Repairs

____ Admin/Tech

____ Other _____

Project Details: _____

Supplies Requested for Donation:

Equipment/Tools/Materials (paint brush, hedge clippers, dumpster, paint, lumber, etc.):

Gloves for cleaning

Volunteers Requested:

Number _____ Total Hours: ____ am or pm ____ (AND/OR)

Total Days: _____

Special Skills, Experience (artistic, carpentry, etc.) _____

Driving Directions To Project Location:

Do you know any business which might sponsor May of Caring?? _____

Return this form to:

United Way of Franklin County
182 S. Second Street
Chambersburg, PA 17201

E-mail: ahicks@uwfcpa.org
Fax: 262-0018

Please return by April 1.

Date Received: _____