



United Way
ST. CATHARINES & DISTRICT

2010 Day of Caring Proposal

Please submit form by fax, mail, or e-mail to:
Nancy Di Pasquale, United Way of St. Catharines & District
80 King Street, Unit 3, Ground Floor, St. Catharines, ON L2R 7G1
905-688-5050 Fax: 905-688-2997
ndipasquale@stcatharines.unitedway.ca, Deadline is March 27, 2009

United Way of St. Catharines and District invites your workplace to submit applications for Day of Caring®. Day of Caring® is a partnership between United Way, community agencies and various employee groups. Day of Caring® links employee volunteers with agencies to complete one-day community projects throughout our community.

Workplace Name

Project Contact Name: _____

(Please ensure this person is available to provide information and provide site orientation.)

Address: _____
City: _____
Postal Code: _____
Email: _____
Phone: _____
Fax: _____

Brief description of what your workplace is willing to do:

Preferred Type of Project: *(Check all that apply.)*

- No Preference
- Painting
- Garden Work / Landscaping
- Minor Renovations / Construction
- Cleanup / Restoration
- Special Event
- Workshop / Seminar (use your expertise to teach others)
- Other, Please Specify: _____

Preferred Date:

Preferred Project Duration: Full day Half day

Please indicate the total number of employees available: _____

Name(s) _____

Do any of your volunteers have special skills / training that may be applicable to a particular kind of project?

What additional investment is your organization able to make to complete the project? *(material/supplies/financial support/other)*

Expected Impact / Outcome of Project:

Is your company unionized? Yes No

Union Name & Local:
