



Day of Giving Registration

Friday, October 13, 2006

Please fill out the application form below and return it to **P. O. Box 6002** or fax to **X2392** by date **TBD**.

For more information, contact: [Shelley Richard](#) x2415 or [Barbara Pare](#) x2708.

Name: _____

Department: _____ Ext: _____

Email: _____

Sandwich lunch:

Bring my own Meat Veggie

I would like to volunteer for the Day of Giving:

Half day: a.m. or p.m. Full day

Please check off all areas you are willing to participate in:

Will do any work needed

Painting

Other _____

Grounds crew clean-up

Carpentry