



Cardmaking Project Information Form

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 ___ Hanukah ___ Passover
___ Rosh Hashanah ___ September 11 ___ Spring ___ Summer ___ Thanksgiving ___ Winter

3. Please mail 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 ___ UJA-Federation

___ 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! Please return this form with the cards to:

Cardmaking Project

DOROT

171 West 85th Street, New York, NY 10024