



**United Way of the Ozarks**  
**2010 Day of Caring**  
**August 19, 2010**  
**Project Preference Form**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

Company Coordinator: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Preferences:**

Please note that each preference line (1, 2 or 3) represents all projects that your company volunteers wish to be working on. We will **attempt** to accommodate preferences.

Agency/Project # of Agency # of Volunteers you will provide

Example: Salvation Army/Project 2

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

**Please fax back to the United Way office**

**FAX: 863-9102**

If you have any questions, please contact Kim Hopkins-Will at 417.863.7700 or [khopkinswill@uwozarks.com](mailto:khopkinswill@uwozarks.com)