

Charity Outreach Program

Charity Name: _____ Contact Person: _____

Start Date: _____ Ending Date: _____

* Must Be Over 18 Years Old To Sign Up

* Block Must Be Filled Out To Qualify

* Only Sign Up For One Charity Per Year

* You Will Be Added To Our Mailing List

Print Name: _____

Address: _____

Email Address: _____ Telephone #: _____ Yrs: _____

Print Name: _____

Address: _____

Email Address: _____ Telephone #: _____ Yrs: _____

Print Name: _____

Address: _____

Email Address: _____ Telephone #: _____ Yrs: _____

Print Name: _____

Address: _____

Email Address: _____ Telephone #: _____ Yrs: _____

Print Name: _____

Address: _____

Email Address: _____ Telephone #: _____ Yrs: _____