

Middlesex United Way *Days of Caring* 2008

**ROSTER OF VOLUNTEERS**

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

Team Leader: \_\_\_\_\_ Phone # \_\_\_\_\_

Project agency and site: \_\_\_\_\_

*Do not leave your store until the food collected is pick-up*

Names of Volunteers (please type or write neatly):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Return form by fax or mail by **August 18, 2008** to:

Middlesex United Way Volunteer Center 100 Riverview Center, Suite 230 Middletown, CT 06457 FAX: 860-346-6044
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