

Day of Caring – September 29, 2016

Date: _____

I _____ received a gift card(s) from United Way in the amount of \$ _____ to be used for the purpose of Day of Caring Project expenses. The card(s) and all associated receipts must be turned into the United Way office no later than **October 6**.

Signature

		<i>Term</i>
Store: _____ Card No. _____		You are responsible for this card if lost or not returned.

Description (Please attached all receipts to this form.)	Total
(A) Total Receipts	
(B) Gift Card Total	
(A minus B) Money Left on card	
Note: (If all funds on gift card has been used please place a zero in this area.)	



United Way of Washington
County Maryland, Inc.
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Thank you for Living United!