



# Group Volunteer Request Form

## Business Information

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Details

**\*\* Groups of more than 20 will have to be split up into separate dates \*\***

Any project preference: \_\_\_\_\_

\_\_\_\_\_

Number of employees: \_\_\_\_\_

Date & Time 1: \_\_\_\_\_

Date & Time 2: \_\_\_\_\_

Date & Time 3: \_\_\_\_\_

## Payment Information \*\* We will not process payment until we confirm event details with you \*\*

Credit Card       Check Enclosed       Check Mailed

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ CSV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Contact [Julie@pawscrossedny.org](mailto:Julie@pawscrossedny.org) for questions.

Submit form to email or mail to 100 S Warehouse Lane, Elmsford, NY 10523

**\*\* We will not process payment until we confirm event details with you \*\***