That Others May Live Foundation

Interest Form

Please provide the following information to better assist us in placing our volunteers. All information will be kept confidential.

I am interested in helping TOML by:

_____ Talking to my friends, co-workers, clubs or organizations _____ Hosting an Event

_____ Making a Donation _____ Supporting an Event

_____ Encouraging a Giving Plan for my Employer/Employees

_____ Other _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ _____ _____

home work cell

E-Mail: _____

Hobbies, Interests, Skills: _____

_____

How did you hear of the Foundation: _____

Please list the times and days you are available to volunteer:

Time of day: _____ Days of Week: _____

How often per month? _____

_____

Comments: _____

_____

Please complete and send to:

That Others May Live Foundation
Attn: Laura Lerdall
4855 Ben Salem Way
Hahira, GA 31632
laura.lerdall@thatothersmaylive.org