



1201 Main Street, Oconto, WI 54153

920.834.4621

Newcap.org

Volunteer Form

Date: _____

Volunteer Information:

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ FAX: _____

Description:

_____ Hours donated to Point In Time Count

Estimated Value: \$ _____

Signature of Volunteer: _____

Please return this form to:

**Newcap, Inc.
1201 Main Street
Oconto, WI 54153
FAX: 920.834.4887**

This form does not serve as a receipt for this contribution, but is intended for our internal record keeping purposes only.