



Days of Caring Stipend Agreement

By opting to receive the \$100 stipend from United Way of Tucson and Southern Arizona, the participating agency must agree to the following terms:

1. _____ (Agency Name) will use the \$100 stipend from United Way of Tucson & Southern Arizona to assist with needs related to its Days of Caring project(s). These needs include but are not limited to; supplies need to complete a Days of Caring project and/or food and drink to provide volunteers assisting with a Days of Caring project.
2. _____ (Agency Name) agrees that if the project is voluntarily cancelled by the participating agency or if the project needs change without communicating the changes to the United Way of Tucson & Southern Arizona, the agency will either not cash the stipend check or it will return the funds to United Way of Tucson & Southern Arizona.
3. _____ (Agency Name) agrees to show receipt of supplies purchased to complete Days of Caring project, and/or receipt of food and drink provided to volunteers assisting with a Days of Caring project.
4. If the agency listed above does not abide by the terms mentioned in #1, #2, and #3, it understands that it may not be permitted to participate in future Days of Caring events.

Agency Representative:

Printed Name: _____

Signature: _____

Date: _____

Please fill out ALL following information for your check to be processed:

Check should be made out to*: _____

Attn: _____

Mailing Address: _____

City: _____ State: AZ Zip: _____

EIN Number (Tax ID Number): _____

Any stipend issued to a public school must be directed through the district or through the PTA