



United States Women of Today

Buckets Of Sunshine Participation Form

Send completed form to USWT Public Relations Director postmarked no later than May 1st.

Name _____

Chapter _____ State _____

Address _____

City _____ State _____ Zip _____

Email _____

Date of Project _____

Project Chair/Contact Person _____

Number of members participating _____

Other organizations participating _____

Name, address, type of facility/agency receiving donation _____

Type of bucket donated & contents _____

Cash value of donation \$: _____ No. of buckets donated _____

Source of buckets and contents (i.e. member donations, purchased with chapter funds, outside donations, special project held to raise funds, etc):



Women of Today

Buckets of Sunshine