

f a c e s

FINDING A CURE FOR EPILEPSY & SEIZURES



Volunteer Name _____
Address _____ City _____ State _____ Zip Code _____

Dear Sir or Madam,

I am participating in the **Chores-For-Charity** program whereby I am donating a portion of my earnings from the service I am providing you today to help Finding A Cure For Epilepsy And Seizures (**faces**) a charitable organization at NYU Medical Center that strives to improve the quality of life for all people affected by epilepsy through research, awareness, education, and community-building events.

This work not only helps people with epilepsy, it may help me fulfill my community service requirements for school or my house of worship or be used as an extracurricular activity.

Would you please complete the following Volunteer Log so that I can document the volunteer hours and earnings donations I am contributing to **faces**. It is preferable that you write the check made payable to "NYU-faces" on my behalf. Otherwise, my parent will write a check to **faces** on my behalf. (The person writing the check is ineligible for a tax deduction since the donation is derived from my volunteer work). All donations will be mailed to NYU-faces. 724 Second Avenue, Lower Level, New York, NY 10016, either by myself or my school or house of worship administrator.

Thank you for your support.

Warm regards,

Signature of Volunteer

NOTE TO VOLUNTEER: For tracking purposes, please make sure your name and # of volunteer hours are reflected on each check. Do not hold on to checks, as they may get lost. You will receive a written acknowledgment from f.a.c.e.s after you submit your Chores-For-Charity Community Service Log reflecting your employment hours and donation amount.

NYU – f.a.c.e.s.
724 Second Avenue
New York, NY 10016
212.871.0227 X 105

www.nyufaces.org www.ChoresForCharity.com

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Chores-For-Charity Volunteer Log

Date	Employment Hours	Donation \$	Name/Address of Person Receiving Service or Place of Employment	Signature of Person Receiving Service or Employment Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Volunteer's Job: _____ Volunteer Hours: _____ Volunteer Donations: _____

Volunteer Name _____ Address _____ City _____ State _____ Zip _____

Email Address _____ Telephone _____

School Name _____ Address _____ City _____ State _____ Zip _____

Contact Person: _____ Email: _____

NOTE TO VOLUNTEER: You may submit the Volunteer Log and earnings donations to **faces**, or to your school, who will forward them to **faces**. You will receive a Thank You letter from **faces** indicating the number of hours you worked and your donation amount. If you have a paystub, you may also include that as proof of work.

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