

# MEA-Retired Community Participation Committee



## Day of Caring Request Form

Affiliate: \_\_\_\_\_

Affiliate President: \_\_\_\_\_

Contact person: \_\_\_\_\_

Email and/or phone number: \_\_\_\_\_

School(s) involved: \_\_\_\_\_

Date of completed project: \_\_\_\_\_

Please write a brief description of the project. Include pictures if possible. Projects and pictures will be published in *The Clarion* during the year. Affiliate presidents are asked to check with individuals for permission to print their name and picture.

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Mail form to Susan C. Grondin, 47 Hilltop Ave, Lewiston 04240. or email to [scgrondin@hotmail.com](mailto:scgrondin@hotmail.com)

