



# *The Piggyback Foundation*

## *Volunteer Form*

*Date:* \_\_\_\_\_

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

*Email:* \_\_\_\_\_

*What area(s) are you interested in volunteering:*

- \_\_\_\_ *Events*
- \_\_\_\_ *Fundraising*
- \_\_\_\_ *Newsletter*
- \_\_\_\_ *Volunteer Recruitment*
- \_\_\_\_ *Capital Campaign*
- \_\_\_\_ *Marketing/Advertising*
- \_\_\_\_ *No Preference*

*Do you have any special skills to share with PBF?*

\_\_\_\_\_

Please return this form by mail to:  
The Piggyback Foundation, P.O. Box 436, Norwalk, OH 44857  
or drop off at:  
When Pigs Fly Resale Shop, 31 E. Main Street, Norwalk, OH 44857

*We look forward to working with you!*