

Speaker Request Form

Please Fax to:

United Way of Abilene, 677-1847 or e-mail office@unitedwayabilene.org

Your Name: _____

Company Requesting Speaker: _____

Department _____

Company Contact: _____ Phone _____ Fax: _____

Contact E-mail Address: _____

Address for Presentation: _____

Specific Location for Presentation (Building, Floor, Room Number, etc): _____

Day _____ Date _____ Time: _____ AM/PM

Projected Attendance: _____

_____ I am requesting a Speaker's Bureau Volunteer to speak. (Please Select Your Area of Preference)

_____ Education _____ Income _____ Health

I will need the following resources for my employee campaign rally: (Please include numbers!)

Video/DVD: _____ Brochures: _____ Donor Pins: _____ Pledge Cards: _____

Additional Requests: _____

Comments on Presentation: _____

UNITED WAY OF ABILENE OFFICE USE ONLY

Name of Speaker Assigned: _____

Date Speaker Confirmed: _____ Date Entered in Access: _____

Name of LE: _____ Date LE Notified: _____

Name of ECC: _____ Date ECC Notified: _____

Number in Attendance: _____