Campaign Activity/Speaker Request Form



Email completed form to: uwab@unitedwayabilene.org

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Contact Information						
Loaned Ex	cecutive:					
Company	/Org.:					
Company/Org. Address:						
Employee Campaign Coordinator (ECC):						
ECC Phone:						
ECC Email:						
Speaker Request						
opeaner request						
Day & Date	Time	Time for Speaker	Meeting Location (If applicable, include Building Name, Floor, Room #)		Requested Speaker/Agency	LE Attending? Y/N
Additional Information and Supplies Requested						
Please include quantities.						
Special instructions for speaker (entrance, parking, etc.)?						
Special inc	entives or g	iiveaways?				
Special IIIC	chilves or y	nvcaways:				
Pledge Forms:			Brochures:	I	Posters:	