

# CAMPAIGN SPEAKER REQUEST FORM

PLEASE TURN IN THIS COMPLETED REPORT TO YOUR UNITED WAY STAFF CONTACT PERSON TO SCHEDULE AN AGENCY SPEAKER FOR YOUR COMPANY CAMPAIGN

To request a speaker from one of United Way's community partners or programs, fill out the information below. Please provide a minimum of two weeks advance notice.

Fax this form to: 785.273.2467

Name:	Company name:
Title:	Work Phone
E-mail address:	Are you the Campaign Coordinator? YES NO

## About the Speaker Request:

Date Requested:	Time: _____ to _____ am/pm
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Meeting room, address directions & parking instructions:

Audience Profile: ( ) Male ( ) Female ( ) Mix ( ) Administrative ( ) Professional ( ) Labor Union Other details:	Number of employees anticipated:
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Speaker attire: ( ) Business ( ) Business Casual ( ) Casual

Theme of presentation: ( ) LIVE UNITED Give. Advocate. Volunteer. To advance the Common Good. ( ) Education: • School Readiness • On Grade Achievement ( ) Income: • Financial Stability ( ) Health: • Obesity • Substance Abuse ( ) Basic Needs
Additional Comments:

For United Way Use Only Confirmed Speaker: _____ Agency: _____ Phone: _____ Fax: _____ Email: _____ Confirmed given to: _____ on date: _____ by: _____
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