

UNITED WAY OF SIOUXLAND
SPEAKER/TOUR REQUEST
Fax to 712-255-3028

Please complete one form for each request

DATE NEEDED: _____

STAFF/Volunteer: _____

COMPANY: _____

Please confirm this request via:
my phone # _____

ADDRESS: _____

Email: _____

CONTACT: _____

PHONE: _____

(CIRCLE ONE)

PRESENTATION or TOUR

TIME: A.M. / P.M.

NUMBER OF EMPLOYEES: _____

DESCRIPTION:

We would like to hear more about the following Community Impact Area:

(please check)

- Children Grow Into Successful Adults
- Families & Individuals Achieve Self-Sufficiency
- Safety-Net Services

1st PRIORITY: _____

2nd PRIORITY: _____

3rd PRIORITY: _____

DIRECTIONS TO ORGANIZATION AND SPECIFIC LOCATION OF PRESENTATION:

CONFIRMATION INFORMATION (office use only)

AGENCY CONFIRMED: _____ Date of Confirmation: _____

SPEAKER: _____ By: _____

Date of Request: _____