

NORTH PENN UNITED WAY
AGENCY SPEAKER REQUEST FORM

(Request a Speaker)

Date of Meeting _____ Time of Meeting _____
United Way Representative _____ Date of Request _____

Organization Making Request

Company/Organization _____

CEO Name _____

Campaign Statistics _____

Campaign Growth Potential _____

Number of Employees _____

Type of Business (include products and services) _____

Street Address _____

City _____ State _____ ZIP _____

Contact person _____ Title _____

Telephone Number _____ E-mail _____

Location of Event/Directions (building, room or site if other than listed above)

Speaker Request

Length of Talk _____

Type of Audience: _____ Leadership _____ Kick-off _____ Employees _____ Campaign

Coordinators _____ Other _____ Size of Audience _____

Speaker Category Preference

____ Preparing children to succeed

____ Preparing people to be self-sufficient

____ Improving the ability of seniors to live independently

____ Other (specify) _____

Agency/Speaker Request (if any): _____

Please e-mail completed form or questions/inquiries to:

Info@npuw.org