

Speaker Request Form

(Requires a minimum of 2 weeks notice)



Heart of Florida United Way

Meeting Date: _____

Meeting Time: _____

REQUESTOR INFORMATION

Organization Requesting Presentation: _____

Account #: _____ Location #: _____

Organization Contact: _____ Phone: _____

Cell: _____

Fax: _____

Location of Presentation: _____
(Ex: Room #,
Building Name)

Address : _____

Directions/Parking: _____

HFUW Representative Attending Meeting: _____

PRESENTATION INFORMATION

Audience Size: _____ Length of Speech: _____

Description of Audience: _____

Type of Presentation: General Employee Labor/Union Ask
 Leadership Other

Use of Video Tape? No Yes United Way Company

Presentation Topic: Alleviating Hunger & Homelessness Building Safe Communities Improving Financial Stability

Developing Healthy Children & Families

Agency 1 _____

Agency 2 _____

Agency 3 _____

Request Date: _____

Requested By: _____