

# 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 #: 25734 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: \_\_\_\_\_