

# UNITED WAY OF SOUTHWEST ALABAMA CAMPAIGN SPEAKER REQUEST

Serving Mobile, Washington and Clarke Counties

PLEASE FAX YOUR SPEAKER REQUEST TO MEREDITH SCHAFFER AT 251-431-0120 AT LEAST 1 WEEK PRIOR TO THE EVENT.

Requested By \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_ Date Submitted to United Way \_\_\_\_\_

## COMPANY INFORMATION

Company \_\_\_\_\_ Key Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Directions to site, meeting location, etc. (must be filled out) \_\_\_\_\_

## MOBILE COUNTY AGENCY SPEAKER REQUEST/AGENCY TOUR REQUEST

Please check the agency(ies) you would like to speak at your rally. Be sure to indicate a 1st, 2nd and 3rd choice. We can not guarantee a speaker attendance until the speaker is contacted.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> AltaPointe Health Systems        | <input type="checkbox"/> Dearborn YMCA                           | <input type="checkbox"/> Habitat for Humanity in Mobile Cty.   | <input type="checkbox"/> Preschool for the Sensory Impaired |
| <input type="checkbox"/> American Red Cross               | <input type="checkbox"/> Drug Education Council                  | <input type="checkbox"/> Home of Grace for Women               | <input type="checkbox"/> Serenity Care                      |
| <input type="checkbox"/> Bay Area Food Bank               | <input type="checkbox"/> Dumas Wesley Community Center           | <input type="checkbox"/> Housing First                         | <input type="checkbox"/> Sickle Cell Disease Association    |
| <input type="checkbox"/> Boy Scouts of America            | <input type="checkbox"/> Emma's Harvest Home                     | <input type="checkbox"/> Lifelines Family Counseling Center    | <input type="checkbox"/> South Alabama CARES                |
| <input type="checkbox"/> Boys & Girls Clubs of South Ala. | <input type="checkbox"/> Epilepsy Foundation of Alabama          | <input type="checkbox"/> MARC                                  | <input type="checkbox"/> St. Mary's Home                    |
| <input type="checkbox"/> Catholic Social Services         | <input type="checkbox"/> Franklin Primary Health Center          | <input type="checkbox"/> Mobile Association for the Blind      | <input type="checkbox"/> The Salvation Army                 |
| <input type="checkbox"/> CASA Mobile                      | <input type="checkbox"/> Girl Scouts of Southern Alabama         | <input type="checkbox"/> MBA Volunteer Lawyers Program         | <input type="checkbox"/> United Cerebral Palsy of Mobile    |
| <input type="checkbox"/> Child Advocacy Center            | <input type="checkbox"/> Goodwill Easter Seals of the Gulf Coast | <input type="checkbox"/> Mobile Community Action               | <input type="checkbox"/> Victory Health Partners            |
| <input type="checkbox"/> Child Day Care Association       | <input type="checkbox"/> GRCMA Early Childhood Directions        | <input type="checkbox"/> Mulherin Custodial Home               | <input type="checkbox"/> Volunteers of America Southeast    |
| <input type="checkbox"/> Crittenton Youth Services        |  | <input type="checkbox"/> Penelope House Family Violence Center | <input type="checkbox"/> Wilmer Hall Children's Home        |
|   |  |  | <input type="checkbox"/> YWCA of Greater Mobile             |

Would like a speaker on four focus areas: Health, Education, Financial Stability and Essentials

## MEETING/RALLY DETAILS OR AGENCY TOUR

Rally Date \_\_\_\_\_ Event Time(s) \_\_\_\_\_  More than one rally (please list dates and time for each) \_\_\_\_\_

Number attending (per rally) \_\_\_\_\_ Time allotted for rally \_\_\_\_\_ Time allotted for Agency Speaker \_\_\_\_\_

Description of audience \_\_\_\_\_

Will Campaign DVD be used?  Yes  No

Does Contact person have Campaign DVD?  Yes  No

Organized Labor?  Yes  No

How should Campaign DVD be delivered? \_\_\_\_\_

## FOR UNITED WAY STAFF USE ONLY

United Way Staff \_\_\_\_\_

Date rec'd \_\_\_\_\_

Loaned Exec. \_\_\_\_\_

LE E-mail \_\_\_\_\_ LE Phone \_\_\_\_\_

Speakers Assigned

Date Speaker Confirmed \_\_\_\_\_

Speaker \_\_\_\_\_

Position / Title \_\_\_\_\_

Agency \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Other Number \_\_\_\_\_

Notes: \_\_\_\_\_