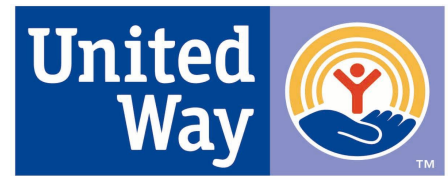


Speaker Request Form

(Requires a minimum of 2 weeks notice)



Heart of Florida United Way

Meeting Date: _____

Meeting Time: _____

REQUESTOR INFORMATION

Organization Requesting Presentation: _____

Organization Contact: _____ Phone: _____

Location of Presentation: _____ Fax: _____

(Ex: Room #, Building Name) _____ Cell: _____

Address : _____

Directions/Parking: _____

(Be specific) _____

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: Developing Healthy Children & Families Improving Financial Stability

Alleviating Hunger & Homelessness Building Safe Communities

Agency 1 _____

Agency 2 _____

Agency 3 _____

Request Date: _____ Requested By: _____

HFUW Representative Attending Meeting: _____

Account #: _____

PLEASE FAX TO: 407.244.2804