

SPEAKER REQUEST FORM

Copies of this request form can be downloaded from campaign web site at www.SharingBringsHope.org, click on downloadable forms tab.

Please submit this request as far in advance as possible. Allow 2-3 business days for processing.

Coordinator's Name

Phone Number Today's Date

School/Unit: Local District

Coordinator Training

Staff Meeting

Fund Raising Event

Student Assembly: Playground Classroom Auditorium

Other:

Day and Date Time of Event

Location of Event Room #

Street Address City

Parking Instructions

Name of Contact at Site Phone Number

Size of Audience Length of Event Speaking Time per FDA Rep.

Special Instructions

Please invite the following FDAs (it is recommended that YOU pick at least two (2) agencies):

<input type="checkbox"/> Asian Pacific Community Fund	<input type="checkbox"/> Brotherhood Crusade
<input type="checkbox"/> Community Health Charities of CA	<input type="checkbox"/> Earth Share of California
<input type="checkbox"/> Hispanic Scholarship Fund	<input type="checkbox"/> Kathryn Kurka Children's Health Fund, Inc.
<input type="checkbox"/> LAUSD Employee Sponsored Scholarship Fund	<input type="checkbox"/> The Los Angeles Trust for Children's Health
<input type="checkbox"/> United Latino Fund	<input type="checkbox"/> United Negro College Fund
<input type="checkbox"/> United Teachers Educational Foundation	<input type="checkbox"/> United Way of Greater Los Angeles

To complete form online: Go to campaign website at: www.SharingBringsHope.org – Downloadable Forms Section, download completed form, fill in all information requested, and email to: clarence.benjamin@uncf.org.

To send form via fax: Please copy and fax a completed form to: CLARENCE BENJAMIN at 213-389-9891

FDA USE:
Date received by lead FDA Date faxed to Liason FDA

Print Form

Submit by Email