

GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED

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United Way of
the Valley and
Greater Utica Area

2008 PARTNER AGENCY SPEAKER REQUEST FORM

Date(s) Week of _____ Mon Tues Wed Thurs Fri Sat Sun

Time(s) _____
(Please specify AM/PM)

Organization* _____
Name _____
Address* _____ City _____ State _____ Zip _____

Coordinator _____
Name _____ Title _____
Phone _____ Email _____

Staff/Loaned Exec _____

***Directions** _____

Audience # People _____ %Male _____ % Female _____
Labor Affiliation Y _____ N _____
Profession(s) _____

Program Entire Length _____ Speaker Length _____
Beginning Middle End Solo
Campaign Video Y _____ N _____

Special Notes _____

**THANK YOU FOR YOUR CONTINUED SUPPORT AND PARTNERSHIP AS WE
ADVANCE THE COMMON GOOD OF OUR COMMUNITY!**

FOR UW USE ONLY

Agency _____ **Representative** _____

Program(s) _____

Investment Area

Keeping Kids on Track Strengthening Families/Promoting Self-Sufficiency
 Ensuring Older Adults Age Successfully Basic Needs/Emergency Services