



LIVE UNITED™

United Way Agency Speaker Request

Company: _____

Contact Name: _____

Phone: _____ E-mail: _____

Presentation Date: _____ Time: _____

Presentation Location: _____

Presentation Length: _____

Campaign Video Needed (please circle): yes no

Video Format (please circle): DVD VHS

Agency Preference: _____

Area of Interest (i.e. children, health, fostering independence):

Return form at least **ONE WEEK BEFORE PRESENTATION** to:

United Way of Southwest Missouri
3510 E. 3rd Street
Joplin, MO 64801
Fax: 624-0356