

United Way Campaign Information Form

Name of Business / Organization _____

Employee Campaign Leader (ECL) _____

Address _____

Phone Number _____

E-Mail Address _____

Name of Human Resource Contact _____

Human Resource Contact E-Mail Address _____

Human Resource Contact Phone Number _____

Number of Rallies to be Held: _____

Date Preference – Please list several options:

Date

Time

Location

1)

2)

3)

4)

Areas of interest for employees i.e. Basic Needs, Health, Education, Specific Community, Specific Agency, Specific Program, Specific Age i.e. Pre-School, Youth, Young Families, Elderly

Preferred United Way Agency Speaker – Please list several options _____
