

Please email completed form to forms@communityshares.org

WORKPLACE INFORMATION

	Numb	er of employees at workplace:
Complete mailing address:		
Name and title of the head of your workplac	e:	
Website:		
CAMPAIGN COORDINATOR CONTACT IN	NFORMATION .	
2020 Campaign Coordinator:		Title:
Phone: Cell	/Alternative:	Email:
Would it be helpful to virtually meet with son	neone from Community Shares? $\ \square$ Yes $\ \square$	No
CAMPAIGN INFORMATION		
Start Date:	End Date:	
Is the campaign being run in conjunction wit	h a United Way campaign? ☐ Yes ☐ No	
Are there any other federations included in y	our campaign? Please list:	
Is your workplace a United Way Pacesetter	this year? ☐ Yes ☐ No	
Are you planning a kickoff event? ☐ Yes □	□ No	
Are you planning a benefits fair? $\ \square$ Yes $\ \square$	No	
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☐ Please click here if you would like info	ormation about conducting an online camp	aign (this is free and Community Shares sets it
•	ormation about conducting an online camp	aign (this is free and Community Shares sets it
CAMPAIGN MATERIALS	rmation about conducting an online camp (hard copies):	
CAMPAIGN MATERIALS Number of brochures/pledge forms needed		
CAMPAIGN MATERIALS Number of brochures/pledge forms needed Number of posters needed (hard copies):	(hard copies):	
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Preference on a Member Group(s) to speak: ______(Will try to accommodate)