



CITY OF LOS ANGELES
GIVE TO LA COMBINED CHARITABLE CAMPAIGN

SPEAKER REQUEST FORM

CITY DEPARTMENT: _____

COORDINATOR: _____ Phone: _____

EMAIL ADDRESS: _____

LOCATION ADDRESS: _____

DATE OF EVENT: _____ NUMBER OF ATTENDEES: _____

TIME MEETING BEGINS: _____ AM / PM
IMPORTANT - Please circle AM or PM

TIME MEETING ENDS: _____ AM / PM
IMPORTANT - Please circle AM or PM

LENGTH OF SPEAKER'S PRESENTATION: _____

TYPE OF EVENT: Employee Meeting Agency Fair Training Other _____

SITE CONTACT PERSON: _____ Phone: _____ FAX: _____
If different from "coordinator" listed above

LOCATION OF SPEAKER ENGAGEMENT: _____
Indicate specific location (i.e. room #, floor, conference room, department, building, etc)

WHERE SPEAKER CHECKS IN: _____

WHERE SPEAKER PARKS: _____

Feel free to invite all Charities, but please select at least 3 below:

- | | |
|---|--|
| <input type="checkbox"/> Asian Pacific Community Fund | <input type="checkbox"/> LAFA / Meals on Wheels |
| <input type="checkbox"/> Brotherhood Crusade | <input type="checkbox"/> United Latinx Fund |
| <input type="checkbox"/> City of Hope | <input type="checkbox"/> United Negro College Fund |
| <input type="checkbox"/> Community Health Charities | <input type="checkbox"/> United Way of Greater Los Angeles |
| <input type="checkbox"/> EarthShare California | <input type="checkbox"/> Variety The Children's Charity of Southern California |

****Please allow 5 working days for scheduling***

Please e-mail completed form to Krystie Scull at
kscull@healthcharities.org