

Deliver To: _____

(Staff)

IMPACT TOURS



Company Requesting Tour: _____

Company Contact: _____ **Phone:** _____ **Cell** _____

E-mail: _____ **# of people for Tour** _____
(please print)

Address of Tour Location: _____
(information will be completed by United Way)

(if applicable)

COPY TO: _____ **PHONE:** _____ **FAX:** _____

Date	Time	Impact Area/ Agency Name Location	Agency Representative	Phone #	Date confirmed by Phone
				Fax #	Fax
				_____	_____
				_____	_____
				_____	_____
				_____	_____

Special comments: _____

For information on any partner agency or directions, please visit the United Way website: www.unitedwaygc.org.or call 467-3400.

Please note: Transportation should be provided/coordinated by the Company.