



United Way of the Ohio Valley

## VIRTUAL/AGENCY TOUR REQUEST FORM

Please provide at least one week turnaround time for scheduling when requesting agency tours.)

TOUR DATE: \_\_\_\_\_ (Time Period) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Tour Group Size: \_\_\_\_\_

Number of Agencies to Tour: \_\_\_\_\_

### TOUR INFORMATION:

Please list the agency(ies) your group prefers to tour and any alternatives. The Speakers Bureau scheduler will substitute an appropriate agency if the one(s) requested is/are not available.

Agency 1.

\_\_\_\_\_

Agency 2.

\_\_\_\_\_

Alternative 1.

\_\_\_\_\_

Alternative 2.

\_\_\_\_\_

(For a list of United Way funded agencies visit [www.uwov.org](http://www.uwov.org))

Request Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

Please email your request form to [atucker@uwov.org](mailto:atucker@uwov.org)