



CAMPAIGN INVESTOR PROSPECT FORM

Please complete as much information as possible and give this form to Bob Dehner, Sue Goldberg or Sally Quilligan. HSDC is a 501(c)(3) organization. Tax ID 310536654.

Person	erson Providing Donor Lead:					
Name of Prospective Donor:						_
Street A	Address:					_
City:				State:	Zip:	
Phone:			I	Email:		
	You may use my name when phoning this prospect.					
	I would prefer you do not use my name when calling this prospect.					
	I will phone this prospect for you and communicate that you will be reaching out to them.					
	I will phone this prospect for you and arrange a:					
	D phone call.	🗆 Zoom.	🗆 breakfast.	🗆 lunch.	\Box coffee for all of us.	
	Other:					
For co-	chair and office ι	use only:				

Lead given to:

Date:

HearingSpeechDeaf.org

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