

COMRESOURCE SPEARHEAD AN EFFORT FORM

ComResource is committed to giving back and supporting the charities important to our employees. Because we do not have the capacity to plan, schedule or organize every event/sponsorship suggested, we are asking you to serve as the "Captain" and primary driver of the event/sponsorship you are suggesting. In this role, you will be responsible for serving as the project manager for your request. We will aid you with internal communications (to solicit additional volunteering) and financial support.

Thank you for your time and efforts – we appreciate your willingness to GiveBack!

PART A - EMPLOYEE INFORMATION Please include your contact information	
Employee Name:	
Telephone:	
PART B - ORGANIZATION IN	FORMATION (must be a 501c3 Non-Profit)
Please include information on	your suggested charitable organization
Charitable Organization:	
_	
Description of Financial Support: Sponsorship Amount \$:	amount you are asking ComResource to contribute and appropriate details
·	onsorship, please include all specifics regarding volunteer needs including er of volunteer(s) required – this section must be completed if volunteers are
Description of Volunteer Opportur Date(s) / Time(s):	nities:
Number of Volunteers: _	
Copy and Paste External Signup	

Email this completed form to: giveback@comresource.com