



Outreach Contact Questionnaire

Organization Name _____

Primary Contact Name _____ Position/Title _____

Other Contacts _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

Preferred Contact Method Phone Email Mail

Would you like to receive our quarterly newsletter? Mail Email

How are you interested in partnering with us? [List details below]

- Having BH/TH staff and residents deliver a presentation.
- Forming a team for the AIDS Run/Walk to support ABAM.
- Sharing special skills or knowledge with the BH/TH residents.
- Supplying volunteers for our (circle one) front desk or special events.
- Donating specific goods that BH/TH needs.
- Making ABAM a beneficiary of one of your own fundraising events.
- Exchanging services via a linkage agreement.
- Other: _____

Notes:

Please mail or fax this form to:

Alexian Brothers AIDS Ministry
Attn: Outreach Coordinator
825 W. Wellington Ave., Chicago, IL 60657
FAX: 773-327-9113