

Hope 4 Us Inc.

HEALTH FAIR/SPEAKER REQUEST

Organization or Church Name_____

Address_____

City & State_____

Phone_____ Email Address_____

Contact Person_____

Time_____ Date_____

If your church or organization is interested in hosting an event, please fill out this form and mail or fax using the information below.

Please schedule your event for at least a month in advance.

Hope 4 Us, Inc.
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Fax: (614) 920-3459

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Website: www.hope4usinc.org