

2017 COMMUNITY RESOURCE DIRECTORY INFORMATION

The following information is needed to be included in the Community Resource Directory. This form must be signed for authorization of publication.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUS. ADDRESS 2: _____

BUS. CITY/STATE/ZIP: _____

BUSINESS PHONE: _____

BUS. WEBSITE: _____

BUSINESS EMAIL: _____

BRIEF INFORMATION OF SERVICES (max 2 sentences): _____

PLEASE SELECT ALL CATEGORIES THAT APPLY:

- | | | |
|---|--|--|
| <input type="checkbox"/> Childcare Services | <input type="checkbox"/> Communication Specialists | <input type="checkbox"/> Community Programs |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Disability Services | <input type="checkbox"/> Drug & Alcohol Services |
| <input type="checkbox"/> Education Resources & Institutions | <input type="checkbox"/> Elderly Services | <input type="checkbox"/> Employment Resources |
| <input type="checkbox"/> Family Planning & Support | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Food Programs |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Housing Resources | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Parenting Resources | <input type="checkbox"/> Social/Rehab Services | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Volunteer Services | | |

As per signature below, I _____ (print name), hereby authorize release of information as directed on this form for use of publication in the 2017 Community Resource Directory as compiled by the United Way of Ellis County.

Signature: _____ Date: _____