Community Agency Request for League Assistance
Provided by Team Community Connect

Please complete this form in its entirety and return to:
Junior League of Raleigh
PO Box 26821
Raleigh, NC 27611-6821
Fax.#.919.787.9615.

Date: _____

About Your Agency	
Name	
Address	
Phone	
Purpose or mission	
Primary Contact	
Name	
Title	
Phone	
E-mail address	

Type of Assistance Requested ***Please select all that apply and elaborate below.***

- ☐ **Volunteer management**
- ☐ **Strategic planning**
- ☐ **Board development**
- ☐ **Marketing**
- ☐ **Fundraising**
- ☐ **Other**

Thank you for your interest in Team Community Connect.