



MEETING REQUEST FORM

Name: _____ Organization: _____

Title: _____ Phone: _____

Fax: _____ Email: _____

Mailing Address: _____

(Please note: only current OANO members may participate in this program.)

Which legislator are you interested in meeting with? _____

Have you met with this particular legislator previously? Yes No (Circle one)

Any prior history with this legislator? If yes, please explain. _____

What issues are you are interested in discussing during the meeting? (Check all that apply)

- Nonprofit financial accountability
- Private entities/Sunshine laws
- Faith-based initiative/CARE Act
- Funding/Budget
- No specific issue, introductory meet-and-greet
- Organization-specific issues (Please list)

1. _____

2. _____

In addition to the packet of information, would you like OANO to provide an in-person briefing session before the meeting? Yes No (Circle one)

Please list three dates and times that you would be available for the meeting:

Thank you for your interest in *Nonprofits at the Statehouse*.