

WSAE Community Outreach Task Force

WSAE members engage in a multitude of activities that generate public benefit through their organizations. These volunteer efforts vary from food drives to free dental services to blood drives and beyond. WSAE wants to hear what your organization has done for others. We plan to collect these stories and share them with our publics to demonstrate the power of associations and their business partners in many different ways.

Tell Your Story

Your Name/Title		
Organization		
Contact Person for Program		
Address		
City	State	Zip Code
Phone	Email	
Name of Program		
Is the program ongoing?	Yes No	
Do you give WSAE Permissi	ion to share your story with m	nembers and public?YesNo
Estimated number of people	directly affected by program _	
Number of volunteers involv	ed	
Did you partner with any oth	er organizations to create this	program?Yes No
Organization's Mission State	ment	

Brief overview of Activity (300 word limit)				
Reach of Project (300 word limit)				
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Objectives & Outcomes (300 word limit)				
Is there any additional information you would like to add? (100 word limit)				