



2010 INTENT/RENEWAL FORM

Yes, we plan to become a Community of Respect™ Partner!

Date Submitted: _____

Name of Business/House of Worship/Organization

Mailing Address

City

State

Zip

Name of Primary Contact

Title

Phone

Fax

E-mail

Name of Alternate Contact

Title

Phone

Fax

E-mail

(If you have participated in the Community of Respect™ Initiative before, you must try ONE new activity each year.)

Describe the **three** Community of Respect™ activities you are planning. Each activity **must** provide participants an opportunity to **LEARN** about the issues, **DISCUSS** the issues and **ACT UPON** the issues. **Describe below how these criteria will be met.**

1. Title and description of activity: _____

2. Title and description of activity: _____

3. Title and description of activity: _____

*Please submit supportive materials, photos, programs and/or digital media. All forms and activities must be signed and completed before a designation can be earned. Additional forms can be found at www.communityofrespect.org.

www.communityofrespect.org * communityofrespect@adl.org * 713.627.3490 office or 713-627-2011 fax