



# 2011 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](http://www.communityofrespect.org).

[www.communityofrespect.org](http://www.communityofrespect.org) \* [communityofrespect@adl.org](mailto:communityofrespect@adl.org) \* 713.627.3490 office or 713-627-2011 fax