

**Another Way Texas Shares
Campaign Expansion Project**

COMMITMENT FORM

Your Name: _____ Phone No. (____) _____

Your Organization (AWTS Member): _____

I agree to help Another Way Texas Shares expand its workplace campaigns:

_____ I will complete Contact Information Sheets for the following prospects:

_____ I will get members of our Board of Directors, staff, and volunteer corps to complete Contact Information Sheets for companies that they think might be prospects for this campaign.

_____ I will recruit a member of our Board of Directors, staff, or volunteer corps to participate on the Campaign Expansion Committee.

_____ I will conduct a workplace campaign for AWTS in my own organization this year.

_____ I will arrange for Another Way representatives to make a presentation to our Board of Directors.

_____ I've thought of another way I can help:

(Please return this form to AWTS's office: 357 Cross St., New Braunfels 78130; or by fax: 1-830-626-2366; or by e-mail: info@anotherway.org)