

Triangle Family Services

Add-a-Contact Form

- Use this form when submitting information for entry into TFS' community relations database
- Do not re-write information if you can attach a business card
- Complete the "Classification" section so we know the client's relationship to the agency
- Submit completed form to the Executive Assistant, TFS Administrative Offices

Individual Organization Add Update Correct Do Not Solicit

Primary Name _____ Title _____

Organization _____

Hm Address _____ City _____ ST _____ Zip _____

Wk Address _____ City _____ ST _____ Zip _____

Hm Phone _____ Wk Phone _____ Cell Phone _____

Email _____ Web Site _____

Secondary Name _____ Relationship _____

Classification *(check all that apply)*

Advisory Council

- IFC
- Time Together Visitation
- Emergency Housing
- CCCS
- DOSE
- Board Member
- Board - Former Member
- Business / Vendor
- Employee - Current
- Employee - Past

- Foundation
- Government Agency
- Junior League
- Media/Press
- Medical
- Religious /Civic Organization
- School
- United Way
- Volunteer
- Other: _____

Memo: _____

Submitted by: _____ Date Received: _____ Date Entered: _____ Init: _____