



## INTENT FORM

Yes, we plan to become a Community of Respect®!

\_\_\_\_\_  
Contact Name Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
E-Mail Address Website

Describe your organization (mission, size, etc.):

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\_\_\_\_\_

Please send completed Intent Form via fax to 713-627-2011 or e-mail to [communityofrespect@adl.org](mailto:communityofrespect@adl.org)