## **Professional Advisor Contact Form**

## **Advisor Contact Information**

| Full name/s  |   |
|--|---|
| Organisation   |   |
| Role   |   |
| Address  |   |
|  |   |
|  |   |
| Mobile   |   |
| Alternative phone #  |   |
| Email  |   |
|  |   |
|  |   |
| Next Steps   |   |
| I'd like to receive:   |   |
| ☐ An invitation to meet Momentum Waikato staff to learn about working together.  |   |
| ☐ Latest Annual Report, 'Vital Signs' / Bequest / Momentum Waikato collateral.   |   |
|  |   |
| Tell us more   |   |
|  | went to understand very and very alients' needs and conjustions. Places |
| At Momentum Waikato, we want to understand your and your clients' needs and aspirations. Please tell us anything that may help guide our future discussions and presentations. |   |
| tell as allything that may help galac our ratare discussions and presentations.  |   |
|  |   |
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|  |   |

## Please return this form to:

Momentum Waikato Community Foundation P O Box 9283, Hamilton 3240 Tel 07 834 0404. Email <a href="mailto:info@momentumwaikato.nz">info@momentumwaikato.nz</a>

Momentum Waikato is registered with the NZ Charities Commission #CC49535

