

Business Networking Group

Referral Slip

Complete this slip to pass a business lead to another group member.

General Information

Date:

To (Referral Recipient)

Member Name:

Business Name:

From (Referral Giver)

Member Name:

Business Name:

Prospect Contact Information

Prospect Name:

Company Name:

Phone Number:

Email Address:

Referral Status (Type "X" where applicable)

Given your card:

They will call you:

Please call them:

Notes & Details

Business Need:

Additional Info: