

Vision Partner Areas of Interest

Organization:	
Representative:	
Address:	
City	State, ZIP
Phone:	Fax:
E-Mail Address:	

As a Vision Partner, our organization/business/group supports **ANGELINA COUNTY VISION 2020** and the future it holds for Angelina County.

Below are the area(s) in which our organization/business would be willing and able to help in the implementation of **ANGELINA COUNTY VISION 2020**. (For more information on specific strategies, go to www.angelinacountyvision2020.com and view the Final Plan)

- _____ Education
- _____ Economic Development
- _____ Quality of Life
- _____ Government
- _____ Infrastructure
- _____ Private Sector Leadership

Specific areas of interest or programs already in place include:

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