

COMMUNICATIONS REQUEST FORM

(For Flyers, Brochures, Programs, Forms etc.)

Date: _____

Name: _____

Telephone Number: (daytime) _____ **(evening)** _____

Department/Ministry: _____

Type of Document Requested (check one):

- Flyer
 - Program
 - Brochure
 - Form
 - Registration Card
 - Other (explain): _____
- _____
- _____

(Please attach any examples or rough drafts)

Date Needed: _____

Quantity Requested: _____

Paper Color Preference: 1st Choice _____ **2nd Choice** _____

Reason For Request:

(Please fax this form to L. Williams at (404) 346-2065.)