

# FRIENDSHIP COMMUNITY CHURCH

## CLERICAL REQUEST FORM

**NOTE: Please allow 3 working days for completion.**

<input type="checkbox"/> <b>Type Letter</b>
<input type="checkbox"/> <b>Make Copies: No. _____</b>
<input type="checkbox"/> <b>Mailing Labels</b>
<input type="checkbox"/> <b>Other _____</b>

**NOTE: Please allow 10 working days for completion.**

<input type="checkbox"/> <b>Mass Printing</b>
<input type="checkbox"/> <b>Design Publication</b>
<input type="checkbox"/> <b>Design Flyer</b>
<input type="checkbox"/> <b>Design Invitation</b>

**Please attach any instructions, additional comments, text or layouts (Please Print):**

Date Needed: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No. \_\_\_\_\_ or \_\_\_\_\_

Ministry: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Date Received:	Time:	Received By:
	Date Completed:	Time:	Completed By: