



PROJECT REQUEST FORM

For questions, contact the Washco Dems Office at 503-626-7018 or email office@washcodems.org. NOTE: Please submit at least 3 days in advance.

Date of Request: _____ **Date Request Needed By:** _____

Contact Person: _____

Phone: _____ **Email:** _____

For questions, do you prefer to be contacted by phone, text or email? _____

PROJECT INSTRUCTIONS: _____

Please list emailed documents by file name:

COPIES:

of Original Pages: _____ # of Copies Requested: _____ B/W or Color: _____

Single Sided Double-sided Folded Stapled

PRINTING: Quantity Requested _____ Circle type of printing below.

Agenda Donor Form Flyers Minutes Thank You Notes Newsletter Other

MAILING: Briefly describe request. _____

LABELS, ENVELOPES AND/OR POSTAGE: WashCoDems Return Label

Address List # of Envelopes Needed _____ Stamps: Yes No

OFFICE USE ONLY:

Received by: _____ Date: _____

Completed by: _____ Date: _____