

# TRINITY ASSEMBLY

## OFFICE WORK REQUEST

(Please give at least 2 weeks notice)

Request Date: \_\_\_\_\_

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

Department: \_\_\_\_\_

Activity: \_\_\_\_\_

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

Mail By Date: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Postcard

Sign-up Sheet

Flyer

Letter

Brochure

Poster

Other \_\_\_\_\_

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Please give complete instructions, detailing your request:

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Mailing instructions: (Include list of people to mail to or attach a mailing list.)

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