

# Request for Copies Form



## Sixth Mount Zion Baptist Church

Today's Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_

Number of Originals: \_\_\_\_\_ Number of Copies Needed: \_\_\_\_\_

I wish to have copies:

- Placed in my mailbox (Mailbox labeled \_\_\_\_\_)
- Left in church office for pickup
- Used as an insert in the bulletin on \_\_\_\_\_

**\*\*Please turn in all requests at least **seven (7) days** in advance. Also, please be aware that all inserts for the church bulletin will be copied only once.**

### **FOR CHURCH OFFICE USE ONLY**

**Date Copies Completed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Completed by:** \_\_\_\_\_