



PROGRAM SERVICES FORM
Brochure / Flyer / Sign / Poster / Request Form

Company's Name _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Contact Person _____

Describe Project _____

Date Needed _____ Amount Needed _____ B/W _____ COLOR _____ 1..2...3...4.... Colors _____

Folding _____ Staple _____ Booklet _____ Type Setting _____

Additional Information to be included

Art Suggestions _____

Paper Type _____ Paper Color _____

Size: 8"x11" _____ 8"x14" _____ 11"x17" _____ 23"x29" _____

Other _____

Ink Color (s) Preferred _____

Unusual needs: _____

Requestor's Name _____
Facility / Program _____
Date Needed _____ Date Submitted _____ Proof Date _____
Proofed by: _____ Phone # _____

For Office Use Only

Date Received _____ Date Printed _____ Date Delivered _____

Comments: _____

All Brochure / Flyer / Sign / Poster / ETC., Requests must be submitted at least Four Weeks prior to required distribution date.

CVSS (817) 608-0115

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