

# Hope Lutheran Church Office Work Request

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Project Information

Is this to be mailed?

If so, 1<sup>st</sup> Class \_\_\_\_\_ or Bulk Rate (see note below) \_\_\_\_\_

*Bulk Rate is 200+ pieces to the same zip code, with all contents of the mailing the same in every envelope*

## Copying

# of copies \_\_\_\_\_

\_\_\_\_\_ 1-sided

\_\_\_\_\_ 2-sided

\_\_\_\_\_ collated

\_\_\_\_\_ collated and stapled

Additional information that will assist in processing your request

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*For office use only*

Date in \_\_\_\_\_ Date out \_\_\_\_\_ Initials \_\_\_\_\_