



Deliverance Ministry & Healing Center

REQUEST FOR ADMINISTRATIVE SERVICES



Date Request Submitted: _____ Ministry Name: _____

Event Contact Person: _____

Contact Number _____ Email Address: _____

Request Type:

Flyer
 Letter
 Auxiliary Finance Report
 Business Cards

Other _____

Advertisement for _____

Print In House: No of copies _____ Color B/W 2 sided

Details of Request: (Please provide all details that apply. Please use the back of form, if necessary)

Event Name: _____

Theme: _____

Scripture: _____ Colors: _____

Dates: _____ Times: _____ Location: _____

Registration Process: Website In-Person Mail Eventbrite

Intended Audience (gender, martial status, or age): _____

Ticket Costs: _____

Special Details (attire, purpose, etc...) _____

Specific clipart/logos or photos: (Please attach copy or email to: dmhcoffice@gmail.com)

Allow at least 2 weeks (not necessary in every case) for the return of a project. Some projects may require a longer turnaround. The exact timeframe will be determined upon receipt and review of the project. Confirmation will be given via email.

For Office Use:

Date Received: _____ Date Completed: _____

Completed By: _____ Proofed By: _____