

Architectural Design Project Request Form

Services Requested:

Please check the appropriate box or boxes:

- Preliminary Design/Conceptual Sketches
- Complete design with Working Drawings
- Master Site Plan



Brief Project Description:

Contact Information:

Name of Organization: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

Please copy and fill out the above form and Fax to: (828) 274-7770 OR copy and fill out the form and scan and email the completed form to: dws1228@helpsinternationalministries.org