Business Card Request Form

Please print clearly.

Name: ____________________________________________________________

Title: ____________________________________________________________

Phone Number: ______________________________________________________

Fax Number: _________________________________________________________

For requests with no direct fax, use (708) 755-2587 (mail room)

Email Address: _________________________________________________________

Address:  
☐ Main College Address, 202 S. Halsted St., Chicago Heights, IL 60411  
☐ Matteson Area Center, 4821 Southwick Dr., Matteson IL 60443

Standard quantity is 500. (Quantity varies for in-house printing). Please indicate any special requests for your business card:

☐ Please include appointment information on reverse side.

☐ Different quantity - specify how many __________.[/32]

Note: The PSC Mission Statement will be printed on the back of all business cards with the exception of appointment requests.

Signature: ___________________________________________ Date: ____________________________

MANDATORY: All requests must have the following signatures.

Approved by immediate supervising administrator: ____________________________ Date: _________________

Approved by president or vice president: ____________________________ Date: _________________

Title verified by Human Resources: ____________________________ Date: _________________

When all signatures are secured, please return this form to Public Relations and Marketing.

Received by Public Relations and Marketing: ____________________________ Date: _________________

☐ Sent for in-house printing Date: _________________ Quantity: ______________