



# Branding Kit Request Form

Name of Organization: \_\_\_\_\_

Requested By: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Project Title: \_\_\_\_\_

Messaging: \_\_\_\_\_

\_\_\_\_\_

Deliverables Needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

File Type: \_\_\_\_\_

How will these materials be used?: \_\_\_\_\_

\_\_\_\_\_

Where will these materials be used?: \_\_\_\_\_

\_\_\_\_\_

Length of campaign: \_\_\_\_\_