

GENERAL INTAKE FORM FOR the LEGACY PROJECT USA

OFFICE OF THE LEGACY PROJECT USA

277A North Ave.
Westport, CT 06880
203.222.1441

TODAY'S DATE: _____

Kindly respond to the questions below so that we may easily communicate with you, and you with us. We look forward to helping you preserve your legacy in both audio and photographic memories.

YOUR NAME _____
(First) (MI) (Last)

NAME OF INTERVIEWEE _____
(Please write "Same" if you are the person filling in this form)

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE : CELL _____ HOME _____

BEST TIME TO REACH ME: _____

EMAIL: _____

FAX: _____

PURPOSE FOR LEGACY INTERVIEW:

- TO TELL MY STORY
- FOR A PARENT OR RELATIVE TO TELL THEIR STORY
- FAMILY STORY
- TELL THE STORY OF MY COMPANY
- TELL THE STORY OF MY ORGANIZATION/EVENT
- OTHER (Please explain) _____
(If you need more space, just continue at the end of this intake form)

IDEAL DATE FOR THE LEGACY PHOTO/INTERVIEW _____

DATE NEEDED BY _____

NUMBER OF ADDITIONAL PHOTO BOOKS @ \$75 each _____

NUMBER OF ADDITIONAL AUDIO CD'S @ \$15 each _____

IS THIS A GIFT? [] YES [] NO

IF "YES", IS THERE AN ADDRESS WHERE GIFT SHOULD BE SENT? [] YES [] NO

ADDRESS _____

HOW DID YOU HEAR ABOUT US? _____