

GENERAL INTAKE FORM FOR the LEGACY PROJECT USA

OFFICE OF THE LEGACY PROJECT USA

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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.

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
- OLD PHOTOS WILL BE USED IN PHOTO BOOK
- VIDEOGRAPHY WILL BE REQUIRED
- 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 (price determined by size) _____

NUMBER OF ADDITIONAL AUDIO CD'S _____

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? _____