



THE
AMERICAN
CHESTNUT
FOUNDATION®

Permission Request

Need by date: _____

Date filled Out: _____

Organization/Publication using: _____
(provide address and contact information, if different from person ordering below)

Is this a nonprofit organization? _____

Purpose: _____

Items (be specific, refer to photo images list, or provide exact reference):
photo, text, other: _____

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Format, Resolution, Size, etc.: _____
(Photos: jpg, tiff, gif, 72dpi, 200dpi, 300dpi, measurements in inches, ie 4"x5.") (Text: text file, word file, pdf, etc)

Person requesting:

*Name: _____

*Organization/Company: _____

*Address: _____

*Tel: _____ *Email: _____

Fax: _____

**information required.*

Send to:

Person requesting via: Email USPS Mail

Other -

Name _____

Email:

USPS Mail: (address)

Note: Permissions requests can take up to 2 weeks to send out.

Please fax to: **828-253-5373**

Attention: **Meghan Jordan**

Director of Communications, TACF Headquarters

160 Zillicoa Street, Suite D, Asheville, NC 28801