



Interior Color Schedule

Name _____

Address _____

***Please make your color selections, sign, and return to
Donovan Painting, P.O. Box 634 Revere, MA 02151.***

**I have carefully chosen the following colors for my painting project. If after
paint is applied, I am not pleased with the colors I have selected, I
understand there will be an additional charge for re-painting these areas.**

Signature _____ **Date** _____

Room _____
Walls _____
Trim _____ Ceiling _____

Room _____
Walls _____
Trim _____ Ceiling _____

Room _____
Walls _____
Trim _____ Ceiling _____

Room _____
Walls _____
Trim _____ Ceiling _____

Room _____
Walls _____
Trim _____ Ceiling _____

Room _____
Walls _____
Trim _____ Ceiling _____

Room _____
Walls _____
Trim _____ Ceiling _____

If you would like to match existing colors, please note.
NOTES:
