Christmas SOLICITATION 2009

ORDER FORM

NAME OF ORGANIZATION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____

TITLE (if applicable)_____

PHONE (_____) _____ FAX (_____) _____

EMAIL ADDRESS:_____

DIRECT APPEAL solicitations are customized for each individual foodbank. We will provide proofs (generated from your supplied copy) for your approval.

1 INSIDE SOLICITATION CARD

(use our suggested copy or supply your own)

2 ORNAMENT BACK

(recommend our suggested copy along with supplied name, address & logo if desired)

3 OUTER ENVELOPE

Logo with address

INDICIA *(Please provide sample)*

4 RETURN ENVELOPE "FACE" *Exact address*

5 DONATION FORM

Please print or type your copy here (use our sample provided as a format)

DIRECTAPPEAL

315 MAIN STREET • AVON, NEW JERSEY 07717 • 732.776.7700 • FAX: 732.776.5400