



DAV Auxiliary

Request for Labels

Date _____

State Department of _____ Unit/Chapter # _____

Our unit/chapter/state department is requesting DAV Auxiliary unit mailing labels to be used for the following: *(check all that apply)*

- National at-large** (No charge)
- State at-large** (No charge)
(Specify zip codes. If indicating additional zip codes on reverse side, check here)

- Newsletters, Meeting/Election Notices*** – Per set charge: **Unit \$5.00 / State Dept. - \$25.00.** Number of sets _____
- Fund Raisers*** *(Copy of Chapter/Department permission must be submitted with this request.)* – Per set charge: **Unit - \$15.00 / State Dept. - \$40.00**

*Select Label Format <input checked="" type="checkbox"/>	*Select Label Sequence <input checked="" type="checkbox"/>
<input type="checkbox"/> All Members <input type="checkbox"/> Active Members Only <input type="checkbox"/> Other _____	<input type="checkbox"/> Member Name <input type="checkbox"/> Member Code Number <input type="checkbox"/> Zip Code

Send labels to:

Name _____

Title _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Please return form and payment (check or money order) to the address listed below.

PLEASE ALLOW 3 WEEKS FOR DELIVERY

DAV Auxiliary
3725 Alexandria Pike
Cold Spring, KY 41076

For Office Use Only

Mail Date _____ Payment Amt. \$ _____ Check # _____ Total Pages _____ Prepared by _____