



DAV Auxiliary Request for Labels



Date _____

State Department of _____ Unit # _____

Label charge shall be determined based upon the number of labels per order as follows:

- 1 – 1,000 - \$15.00
- 1,001 – 5,000 - \$25.00
- 5,001 – 10,000 - \$50.00

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

Excel Lists Provided At No Charge

Labels will be used for:

- Newsletters, Meeting/Election Notices, Membership Drives. Number of sets _____
- National at-large (Indicate Zip Codes)
- State at-large (Indicate Zip Codes)
(Specify zip codes. If indicating additional zip codes on reverse side, check here)

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 2 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 _____

Member information is to be safeguarded and to be used only for the purposes stated.