

Date _____



1.800.548.3676

www.lkgraphics.com

HOLIDAY MAILER

COMPLETE THE INFORMATION REQUESTED BELOW AND

FAX THIS ORDER FORM TO (724) 684-6442

Each set includes: one card with envelope **blank inside**, cover letter, and gift certificate for your patients to give to friends or relatives.

THROUGH OCTOBER 31ST

100 sets	\$165.00	each additional: \$1.08 per set
200 sets	\$225.00	each additional: \$1.08 per set
500 sets	\$495.00	each additional: \$.99 per set
1,000 sets	\$831.00	each additional: \$.83 per set

AFTER OCTOBER 31ST

100 sets	\$185.00	each additional: \$1.18 per set
200 sets	\$242.00	each additional: \$1.18 per set
500 sets	\$535.00	each additional: \$1.07 per set
1,000 sets	\$913.00	each additional: \$.91 per set

PATIENT FLYERS

\$25 per 100 when you order with your holiday mailer

PROMOTIONAL POSTERS

ONE FREE with purchase of 200 or more holiday mailers. Each poster is \$8

	Quantity	Total
Holiday Mailers	_____	_____
Patient Flyers	_____	_____
Holiday Posters	_____	_____
	Sub-Total	_____
	Shipping	_____
	Total \$	_____

CARD DESIGN ☐ GIFTS UNDER TREE ☐ _____

INSIDE OF CARD BLANK IS STANDARD

☐ ADD MESSAGE (CALL FOR INFO)

LETTER VERSION

☐ STANDARD

☐ WITH WEIGHT LOSS

GIFT CERTIFICATE INFORMATION (PLEASE PRINT)

Clinic Name _____

Doctor's Name (please print clearly how the name should appear) _____

Address _____

City _____ State/Prov. _____ Zip/Postal _____

Telephone # _____ Fax # _____

Email Address for proofing purposes: _____

Dollar Value of Service _____ Expiration Date _____

State Disclaimer Needed? : ☐ Yes ☐ No

Medicare rules apply Needed?: ☐ Yes ☐ No

Certificate Applies To _____

All information above is correct. I understand that I am responsible for its accuracy and legibility. The Doctor has the right to cancel the order and receive full payment within 72 hours of placing this order. Cancellations after proof approval will not be accepted. There will be no refunds for cancelled jobs after the 72 hour period. A credit will be issued to your account for future purchases of either stock or imprinted items.

I will be paying for this by:

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover ☐ Check # _____

Credit Card No. _____ Expiration Date _____

Authorized Signature _____ CCS Code _____

Out on Proof _____ Revisions _____ ☐ OK TO PRINT _____