

# To Get Your Direct Response Campaign Going ASAP!

Please be advised that the information you provide is critically important for the accurate and quick production of your campaign. Please provide information for the points below and return to us so that the process can begin. You must complete this form for each item, and each location; do not combine information unless you are putting more than one location on a piece. Please fax the completed form to 954/971-8225. Print clearly and exactly as you want it to appear on your piece(s). Thanks!

Your Funeral Home/Cemetery Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Ph.# \_\_\_\_\_ Fax# \_\_\_\_\_

Today's Date: \_\_\_\_\_ Cell# \_\_\_\_\_ email \_\_\_\_\_

#1 Item:  Direct Mail  Newspaper Insert  Door Hanger  Display Ad  List Only

#2 Creative Theme Preference \_\_\_\_\_ Ink Color Pref: \_\_\_\_\_

### #3 Your Selected Zip Codes:

Requested Age Demo \_\_\_\_\_

Ok To Mail In Numeric Sequence (if not see #4)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### #4 Zip Codes Mailing Sequence:

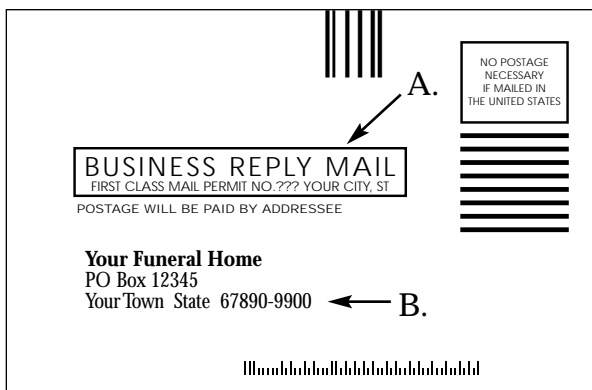
Priority Sequence Required, Shown Below

1. _____	6. _____	11. _____	16. _____
2. _____	7. _____	12. _____	17. _____
3. _____	8. _____	13. _____	18. _____
4. _____	9. _____	14. _____	19. _____
5. _____	10. _____	15. _____	20. _____

### #5 Business Reply Post Card Information:

All direct response pieces require a Customer Response Card that will be mailed back to you. Be sure to establish a business reply account with your local post office, if you don't already have one. (You will also need to consider the questions you want on the other side; see page 2.) If you need further instructions, please contact us.

#### EXAMPLE



#### A. NEED YOUR BUSINESS REPLY MAIL FIRST CLASS PERMIT NUMBER AND TOWN AND STATE OF ORIGINATION

Permit No. \_\_\_\_\_ Orig. \_\_\_\_\_  
Your City State

#### B. RETURN ADDRESS FOR YOUR REPLY CARD:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

ZIP Code: \_\_\_\_\_ - \_\_\_\_\_

**The Post Office requires a special 4-digit zip extension especially for business reply post cards. It usually starts with a 9. Be sure it's correct or lead cards won't come back.**

Specializing In Advertising and Marketing For Funeral Homes And Cemeteries

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## #6 Location(s) On Piece

**Please List As You Want Them To Appear On Your Printed Piece:**

**FUNERAL HOME/CEMETERY NAME(S) • LOCATION(S) • ADDRESS(ES)/PHONE NUMBER(S)**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## #7 Mailing Schedule (Minimum of 1,000 pieces per drop)

3 Months     6 Months     Other \_\_\_\_\_

## #8 Follow-up Mail/Phone List Preference: CD Email \_\_\_\_\_

Please ship to: \_\_\_\_\_

## #9 FTC ID/SAN# required to order phones (If you want phone numbers where available on your follow-up list, scrubbed against "Do Not Call List", valid for 31 days)

FTC ID #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name and phone number of person who registered: \_\_\_\_\_ Ph: \_\_\_\_\_

Location name if different than name on piece: \_\_\_\_\_

## #10 Send Billing To:

Name: \_\_\_\_\_

Location Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## #11 Incentive: \_\_\_\_\_ (i.e. Planning Guide, Angel Pin, Living Will, etc.)

## #12 Questions On Return Card: Please check the boxes to indicate your choices or add your own.

Do you have preplanned funeral arrangements?  Yes  No

Do you own cemetery property?  Yes  No

I'm Interested In:

- Free Good Faith Estimate
- Free \_\_\_\_\_ (incentive here)
- Discount Savings
- Cremation Options
- Veteran Benefits
- Local Burial
- Mausoleum
- Exchange Lots

**I Would Prefer These Questions**  
(Instead of or in addition to the ones at left)

_____
_____
_____
_____
_____
_____
_____

You are responsible for the accuracy of this information. We cannot be liable for incorrect information provided. You will receive a final proof that reflects the above information that will require your signature prior to printing.