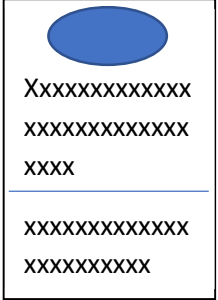


Instructions for Individual Direct Mail Shipment - Minimum is 100 candles

	<p>Yellow Candles™ are individually mailed by standard nonprofit bulk mail to members of your congregation or organization about five weeks prior to Yom HaShoah.</p> <p>A mailing list with same number of names and addresses as there are candles in your order is required. The minimum order is 100 candles. For example, if that is the size of your order then your mailing list should have 100 names and addresses. It must be supplied as an electronic file as described below.</p> <p>Scan the completed Direct Mail order form. Email all files at one time to info@yellowcandles.org</p>					
<p><i>Please set up and upload files with the order:</i></p> <p>1. mailing list in Excel (.csv) spreadsheet and</p> <p>2. cover letter in word doc format</p>	<ul style="list-style-type: none"> • Set up the mailing list in an MS Word table or Excel – (.csv) spreadsheet format • Prepare mailing list fields as follows: Name, Address, City, State, ZIP (FIVE FIELDS ONLY) <table border="1" data-bbox="370 594 1463 625"> <tr> <td>Mr. & Mrs. Joe Stein</td> <td>444 Blue Street</td> <td>New York</td> <td>NY</td> <td>55555</td> </tr> </table> <p>Note:</p> <ul style="list-style-type: none"> • Only the above file format is acceptable. If any additional fields are included, your data will not be acceptable. • An additional \$25 charge will be imposed if your data is formatted incorrectly but can be fixed. • Another file or a printed list will be requested, if the original data is not usable. 	Mr. & Mrs. Joe Stein	444 Blue Street	New York	NY	55555
Mr. & Mrs. Joe Stein	444 Blue Street	New York	NY	55555		
<p>Cover Letter</p>	<p>Only one (1) original of the congregation/organization cover letter is required. Please send in either MS Word doc (or docx).</p>					
<p>Tear-Off Form</p>	<p>To facilitate the return of individual contributions to cover the cost of the Yellow Candle program and to support Holocaust commemoration programs, a tear-off form should be added to the bottom of the congregation/organization cover letter. The format for the tear-off form (to be returned in a standard #10 windowed envelope included in the mailing) includes a return address in the lower left so that it will show through the envelope window with space for the donor's name and address on the right. Sample letters with tear-off forms can be found by going on-line to www.yellowcandles.org.</p> <div data-bbox="1255 926 1471 1224" style="border: 1px solid black; padding: 5px;">  </div>					
<p>Before Sending Order</p>	<ul style="list-style-type: none"> • Do all names have complete addresses, including city, state, and ZIP code? • Does the number of names on the list match the number of candles ordered? • Are the name, address, phone number, website and other contact info for your organization included? • Is the letter with tear-off form from your organization included? • Is full payment for the entire order included? • REMEMBER: Deadline for ordering direct mail shipment is February 16, 2022 					
<p>Need Resources?</p>	<p>Visit: www.yellowcandles.org</p>					
<p>Have Questions?</p>	<p>Call: 1-800.391.7293 (From 9 am to 9 pm - Eastern Time) or E-mail: info@yellowcandles.org</p>					

Individual Direct Mail Delivery Order Form & Pricing – Minimum is 100 Candles

- Online Order at www.yellowcandle.org/order
- Catch the "Early Bird" for Direct Mail Orders!
"Early Birds" **must** place your order before **January 10, 2022!**
- Direct Mail Deliver Orders have a minimum of 100 candles.
- Bulk delivery order form for cases of Yellow Candles, bubble mailers and bags is the next page in this guide.
- **Deadline for Direct Mail Orders is February 16, 2022**

- Yellow Candles™ are individually mailed in a mailer to members of your congregation or organization. Each mailer contains a cover letter from your congregation or organization, including a tear-off form for contributions along with a poem, a meditation, and a windowed return envelope.
- Candles will be mailed standard nonprofit bulk mail about five weeks prior to Yom HaShoah.
- Delivery is available only within the United States.
- Directions for preparing the mailing list are on the reverse of this form.

Make checks payable to "FJMC"

and mail to:
Yom HaShoah
Yellow Candle Program
P.O. Box 2122
Kirkland, WA 98033

Name of Person Placing Order: (please print) _____
 Organization Name: _____
 Address: _____
 City: _____ ST/Prov: _____ Zip/Postal Code: _____
 Purchaser's Email: _____ Purchaser's Phone: _____
 Contact: _____ Contact's Email: _____
 Org. Website: _____ Org. Twitter: _____

For Information or Help Call:
1-800.391.7293
 (after 12 noon EST) or
 Email to:
info@yellowcandles.org

Is your Organization affiliated with one of the following movement Organizations? Check the one that Applies:
 FJMC. If yes, Club #: _____ MRJ/URJ USY/USCJ WLCJ
 Other _____
 This order includes all these items: Excel spreadsheet mailing list & cover letter in Word format, per the instructions.

	ITEM	Qty	PRICING – Note: Pricing is Date Sensitive!	Subtotal
Check <input checked="" type="checkbox"/> If this is a First Time Order By your organization <input type="checkbox"/> Yes	Yellow Candle™ Includes Mailer, Letter, Poem, Meditation & Return Envelope		\$5.50 per Candle on Orders received by January 10, 2022 \$6 per Candle on Orders received after January 10, 2022	
	Data Entry Reformatting Fee		\$25 Fee. No Charge if Properly Formatted per Our Instructions	
<input type="checkbox"/> Check Enclosed Payable to "FJMC"	Additional Case(s) of Yellow Candles™ (48/per case)		\$72/Case for 3 Cases or Less If Ordering Cases in Addition to Direct Mail Delivery <u>Use BOTH Forms</u> , but send them Together when Placing and Paying for Your Order	
	Delivery Charge for Cases(s)		\$6 for all cases at all times	
	Total # of Items Ordered		Total Due:	

Charge to Visa or Master Charge

Payment in Full Must Accompany the Order to be Processed

Cardholder Name: (please print) _____
 Card #: _____ Exp. Date: ___ / ___ Security Code: _____
 Address: _____
 City: _____ ST/Prov: _____ Zip/Postal Code: _____
 Cardholder Signature: _____

Ship to Address:
 For Case(s) of Candles, if Ordered and if Different than the Person Placing the order
 Please Note:
 Home Delivery is NOT Available!

ATTENTION: (Name of Person Receiving Order): (please print) _____
 Organization Name: _____
 Address (Include Room if Applicable): _____
 City: _____ ST/Prov: _____ Zip/Postal Code: _____
 Recipient's Email: _____ Recipient's Phone: _____
 Does Your Organization Accept Friday Deliveries? Yes No