

Mail house Support Form



Designer: _____ Tracking #: _____

Mailing name: _____

Client: _____ Date: _____

Department: _____ Phone: _____

Campus/Building/Room: _____

MAILING LIST AND POSTAGE

Client will provide list: _____ Date: _____

CC will provide list: _____ Date: _____

ZIP will provide list: _____ Date: _____

Client will pay for postage Budget #: _____

CC will pay for postage

CCBC Permit

ZIP first class permit

Non-profit stamps

MAILING DETAILS

Live sample needed Quantity: _____

Return extras Send to: _____ *(if not checked, please recycle)*

Product being mailed: _____ Size: _____ Quantity: _____

Date sent to printer by designer: _____ Name of printer: _____

Delivered to mail house date: _____ Drop date: _____ In-homes date: _____

Salutation within letter (e.g. - To the parents of...): _____

Address to (please be specific, e.g. first name, last name, title, company, full address):

Notes: