the Thank You card™

ORDER FORM

(Complete and mail to our address shown below • call 1.866.4THANKS if you have questions or need assistance)

School &/or organization	Address	City	State	ZIP

Contact person	Address	City	State	ZIP

Phone	Fax	Email

Authorization:

Print name	Signature	Position	Date	Phone

COMPUTE COST

☐ Basic Card: _____ (# cards) X $2.20 (cost/card) = $_____ (card cost) - _____ (discount [a]) = _____ (Final cost)

☐ Custom cover: _____ (# cards) X $2.20 (cost/card) = $_____ (card cost) + $600 [b] (cover cost) = $_____ (Total cost) - _____ (discount [a]) = _____ (Final cost)

Notes: a. A discount of 5% is offered when orders are accompanied with full payment
b. A custom cover is provided free with orders of 10,000 cards

PAYMENT:

☐ School purchase order $_____ (amount) (Payable 30 days from receipt of your order)

☐ Check $_____ (amount)

☐ Credit card: Please pay the amount shown by ☐ MasterCard ☐ VISA $_____ (amount)

card number	expiration date

print name on card	signature	date

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