

Request for Mailing Labels

DATE: _____

NAME: _____ ORGANIZATION _____

PURPOSE: (Describe mailing) _____

PRINT LABELS IN: ___ ZIP ORDER DATE REQUIRED: _____

 ___ ALPHA ORDER

PHONE ME WHEN LABELS ARE READY FOR PICKUP AT _____

OR

MAIL LABELS TO: _____

SELECT ONE OR MORE CATEGORIES

(There is a \$5.00 charge for each set of labels)

Clergy

- ___ All Clergy
- ___ Parochial Clergy
- ___ Non-Parochial Clergy
- ___ Canonically Resident Clergy
- ___ Non-Canonically Resident
- ___ Retired Clergy
- ___ Convocation (Circle Choices)
1 2 3 4 5 6 7 8 9
- ___ Deacons
- ___ Other (List)

Lay

- ___ Senior Wardens
- ___ Sr Wardens, Vacant Parishes
- ___ Treasurers
- ___ Secretaries/Administrators
- ___ ECW Presidents
- ___ Convocation (Circle Choices)
1 2 3 4 5 6 7 8 9
- ___ Other (List)

Churches

- ___ All
- ___ Convocation (Circle Choices)
1 2 3 4 5 6 7 8 9
- ___ Primary Contact
- ___ Attention Line _____
- ___ Other (List)

FAX THIS FORM TO THE DIOCESAN OFFICE

757-440-5354

For Office Use Only:

REQUEST APPROVED: YES/NO

TOTAL # LABELS: _____

PAYMENT RECEIVED: _____

DATE COMPLETED: _____