


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, formatted as described below.</p> <p>Please scan the completed Direct Mail order form. E-mail with all files at one time to info@yellowcandles.org.</p>										
<p>Please set up and upload files with the order:</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: <table border="1" data-bbox="370 611 1463 674"> <tr> <td colspan="5" style="text-align: center;">Name, Address, City, State, ZIP (FIVE FIELDS ONLY)</td> </tr> <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. 	Name, Address, City, State, ZIP (FIVE FIELDS ONLY)					Mr. & Mrs. Joe Stein	444 Blue Street	New York	NY	55555
Name, Address, City, State, ZIP (FIVE FIELDS ONLY)											
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="1256 968 1468 1268" style="border: 1px solid black; padding: 5px;">  <p>XXXXXXXXXXXX XXXXXXXXXXXX XXXX</p> <hr/> <p>XXXXXXXXXXXX XXXXXXXXXXXX</p> </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: Last day for ordering direct mail candles is February 8, 2023 										
<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 be received** before **January 6, 2023!**
 - 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 8, 2023**
- 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 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 98083**

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, Meditation & Return Envelope		\$6.00 per Candle on Orders received by January 6, 2023 \$6.50 per Candle on Orders received after January 6,2023	
	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)		\$9 for each case of candles 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: _____

Extra cases? Ship to
 Address:
**For Case(s) of Candles,
 if Ordered and if Different
 than
 the Person Placing the order**

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