

SINCLAIR, TOWNES & COMPANY

2018 Planned Giving Brochure Order Form

How to place your order:

Fax: (770) 988-8665

Email: info@sinclairtownes.com

Mail: Post Office Box 28716, Atlanta, Georgia 30358

Once your order is received, we will email you a proof for your approval.

BROCHURE PRICING

Prices are for the number of copies of the same title.

500 - 999	89 cents each	5,000 - 9,999	28 cents each
1,000 - 2,499	53 cents each	10,000 or more	23 cents each
2,500 - 4,999	35 cents each		

Minimum Quantity: 500 brochures per title.
Prices **INCLUDE** imprinting in black ink only.

1 Choose product.

Select our existing brochure design - or customize!

Optional Customization

You provide the image(s) and select the font(s) and color(s) (additional fee of \$195 per design)

Brochure Title	Custom Design?	Quantity	Price (cents)	Total
What a Will Can Accomplish				
Preparing Your Will				
How to Personalize Your Will				
Reviewing Your Financial Plan				
Estate Planning Beyond Your Will				
Financial & Estate Planning for Women				
Planned Giving Opportunities				
Five Planned Giving Options				
Gifts of Stock				
Gifts of Life Insurance				
Charitable Remainder Trusts				
Charitable Gift Annuities				
Subtotal:				
Color Imprinting Fee (\$125): <i>(Prices include imprinting in black ink)</i>				
Customization fee (\$195):				
6% Shipping & Handling Fee: <i>(No S&H fee if payment is enclosed)</i>				
TOTAL:				

2 Imprint information.

Please specify the information to be imprinted:

There is no imprinting fee for imprints in black ink.
For color imprints, add \$125.

Please imprint my brochures in:

Black Ink Color Ink

I am aware that a proof cannot be created until I email all logos/images in at least 300 dpi, tiff or jpeg, PC-based format file to info@sinclairtownes.com.

Initial _____

3 Shipping Address.

4 Payment Information & Authorization.

Payment enclosed. (FREE S&H) Please bill us.

Organization: _____

Name: _____ Title: _____

Telephone: _____ Fax: _____

Email: _____

Billing address, if different than shipping address:

Please charge our MasterCard Visa AmEx

CC # _____ Expir. ____ / ____ CSC _____

Name on card: _____

Signature: _____

QUESTIONS? Call (770) 988-8111 or email info@sinclairtownes.com