



FORD THEATRES

FAX COMPLETED FORM TO 310.970.8046

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MAILING & POSTCARD SERVICES ORDER FORM

Participant Name: _____

Contact Name: _____ E-mail: _____

Phone: _____ Ext: _____ Fax: _____

MAILING OPTIONS (1,000 pieces minimum)

Mailing Class:

- Nonprofit \$0.24/piece (3-10 days delivery by USPS)
- 1st Class Presort \$0.43/piece (1-3 days delivery by USPS)

Prices quoted above includes KES Mail, Inc's services to sort, imprint names & addresses onto postcards, delivery to the post office, & USPS postage.

Mailing List (Check all that apply and list the years you wish to use. The last 3 years are available on most disciplines.)

FORD ticket buyer discipline list(s) to use:

- | | | |
|--|--|--|
| <input type="radio"/> African American _____ | <input type="radio"/> Dance _____ | <input type="radio"/> LGBT _____ |
| <input type="radio"/> Asian/API _____ | <input type="radio"/> Drumming (2010) _____ | <input type="radio"/> Modern Dance _____ |
| <input type="radio"/> Ballet _____ | <input type="radio"/> Family BWF _____ | <input type="radio"/> Music _____ |
| <input type="radio"/> Bluegrass _____ | <input type="radio"/> Film _____ | <input type="radio"/> Pop Culture & Rock _____ |
| <input type="radio"/> Bollywood _____ | <input type="radio"/> Flamenco _____ | <input type="radio"/> Spoken Word & Poetry _____ |
| <input type="radio"/> Cabaret _____ | <input type="radio"/> Hip-Hop _____ | <input type="radio"/> Tango _____ |
| <input type="radio"/> Choral _____ | <input type="radio"/> Jazz _____ | <input type="radio"/> Theatre _____ |
| <input type="radio"/> Circus (2010) _____ | <input type="radio"/> Jewish Cultural Arts _____ | <input type="radio"/> Visual Art & Mixed Media _____ |
| <input type="radio"/> Classical _____ | <input type="radio"/> Latino _____ | <input type="radio"/> World Culture _____ |

Use my participant mailing list on file. (Please verify we have your mailing list on file.)

Use additional mailing list. Please list the file(s) _____

Extras: UPS me _____ (QTY) postcards I will pick up _____ (QTY) postcards

Shipping Address _____

City _____ State _____ Zip _____

PAYMENT INFORMATION

VISA MASTERCARD AMEX DISCOVER

Name (Print as appears on card): _____

Billing address of card: _____ City: _____ State: _____ Zip: _____

Card #: _____ Exp Date: _____ Card Security Code: _____

Authorized Signature: _____ Date: _____

PLEASE NOTE: INVOICING IS DONE ON THE ACTUAL NUMBER OF CARDS SENT AND INCOMPLETE ADDRESSES WILL NOT BE SENT.