SHAREHOLDER: _____ **MAILBOX #** _____

REMAIL REQUEST

BEGIN: _____ **END:** _____

FREQUENCY: _____ **DAY:** _____

SEND: FCM   NEWSPAPERS   MAGAZINES   COUPONS   NPO

            POLITICAL   WBCCI   CATALOGS   MEDS   PARCELS

INSTRUCTIONS: _____

_____

_____

_____

ADDRESS: _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY, ST ZIP _____

SUBMITTED BY: _____ **DATE:** _____

OFFICE   EMAIL   PHONE

EMAIL ADDRESS: _____

CELL PHONE #: _____

NOTES: