

California Attorneys for Criminal Justice

1540 River Park Drive, Ste. 224A
Sacramento, CA 95815
(916) 643-1800, Fax: (916) 643-1836

MAILING LIST ORDER FORM

Name of Organization

Contact Person

Address

City

State

Zip

Phone

Email

PLEASE CHECK ONE:

Profit (\$0.15/name)

Non Profit (\$0.10/name)

Type of Labels Requested:

CACJ Mailing list

List by County/ State (please specify)

Other _____

Format:

**Mailing label form (email)

***Mailing label form (mail)

Excel Document

Other

** Mailing labels will be in the Avery 5160 format unless otherwise specified

*** There will be extra costs in mailing and the use of mailing labels

Payment:

Visa _____ - _____ - _____ - _____ exp. ____/____

Mastercard _____ - _____ - _____ - _____ exp. ____/____

Check **Billing Zip Code:** _____

Please Invoice

PLEASE READ AND SIGN BELOW:

I understand and hereby agree that the sole purpose of the purchase of the CACJ mailing list is for a one-time mailing to its members, and I also agree that I will not share this list with any other business or association, at any time. I understand that use of this list for any other purpose will constitute a breach of our agreement

Signature & Title

Date