

Date: _____	Fax to: _____	From: <u>Kathy Blakeman</u>
# of pages: _____	Fax # _____	Phone # _____

**NASW Oregon Chapter** 7688 SW Capitol Hwy. Portland, OR 97219  
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 Website: <http://www.nasworegon.org>

**Mailing Label Request**

Bill to: \_\_\_\_\_ Mail labels to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Labels are .10 each plus \$50.00 processing and mailing fee.**  
 The rental of NASW's mailing labels is for a one time use. I certify that the list will be used one time only and I agree not to enter the lists into a computer, duplicate it in any way, sell it or give it away.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone # ( )** \_\_\_\_\_

*Please fax brochure of CE offering.*

Date labels are needed \_\_\_\_\_ (allow 2 weeks processing time)

**Please check which mailing label you would like.**

- All Oregon/Washington NASW members (approximately \_\_\_\_\_)
- Custom specifications \_\_\_\_\_

**Please check the type of label you would like.**

- I would like individual sticky back labels.
- E-mailed to my organization or to mailing service at: \_\_\_\_\_  
 Specify format \_\_\_\_\_

Description _____	Number of members _____
_____	Processing fee <u>\$50.00</u>
_____	Total _____
Date paid _____	Balance Due _____