

SINCLAIR, TOWNES & COMPANY

PLANNED GIVING BROCHURE ORDER FORM

Ways to place your order:

Fax: (770) 988 - 8665

Email: info@sinclairtownes.com

Mail: P.O. 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 one of our 3 themes or design your own brochure:

- A) Artistic Landscapes Theme
- B) Botanical Images Theme
- C) Classic Collection Theme

OR

D) Design your own brochure

You provide the image and select the color (additional flat fee of \$155 per design)

Brochure Title	Theme (A,B,C,D)	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:

Imprinting Fee:

(Prices include imprinting in black ink)

Theme D Customization fee (\$155):

6% Shipping & Handling Fee:

(No S & H fee if payment is enclosed)

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 \$215.

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