

Personalized Greeting Card Program

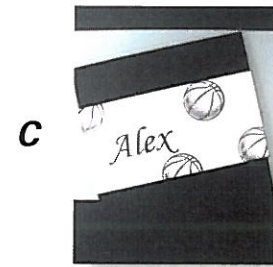
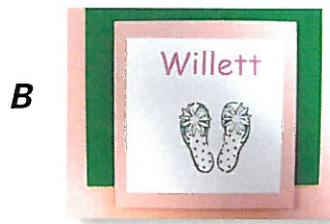
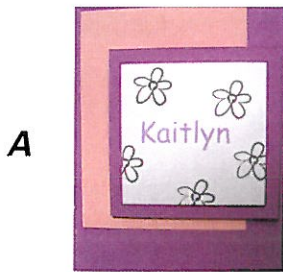


6043 Interstate Circle
Cincinnati, OH 45242
(513) 247-0056
www.inreturn.org
InRETURN is a non-profit
501(c)3 organization
Federal Tax ID: 20-2208676



These personalized greetings cards are made with pride by a special needs individual. Your purchase provides InRETURN with the ability to hire and train additional Production Associates. Our greeting cards are handmade 4 1/4" x 5 1/2", white background and blank inside for your personalized special message, stamp or your Company's logo.

Step 1 Choose your Layout (circle one)



Step 2 Choose your Colors (Border used twice, Accent Once)

Primary or Secondary: Springhill Pink, Plantation Purple, ReEntry Red, Glorious Green, Gamma Green, Hunter Green, Yellow, Light Blue, Lunar Blue, Celestial Blue, Navy, Brown, Black
Secondary Only: Speckleton, Ivory, Orchid, Light Green, Lime Green, Orbit Orange, Light Yellow
 Border Color _____ Accent Color _____

Step 3 Add your Text or Photo

Fonts are (circle one): **Times New Roman** *Monotype Corsiva* **Comic Sans MS**
 Text _____
 Or Jpeg file _____

Step 4 Pick an Embellishment

Stamps: Soccer, Baseball, Football, Basketball, Truck, Flower, Bee, Butterfly, Dragonfly, Lady Bug, Butterfly, Paw Prints, Dog, Cat, Dinosaur
Scrolls: Flower, Antique, Floral Swag
 Embellishment _____

**Please complete the order form
on backside >>>**

If you have questions about our products or services, please call our office at (513) 247-0056.

Order Form

Yes, I will help InRETURN employ and enrich the lives of Brain Injury Survivors!

Pricing for Cards with Text or Black & White:

_____ 12 for \$24.00 (\$2.00 per)

_____ 20 for \$35.00 (\$1.75 per)

_____ 30 for \$48.00 (\$1.60 per)

_____ 50 for \$75.00 (\$1.50 per)

_____ other _____

Pricing for Cards with Color Photos:

_____ 20 for \$40.00 (\$2.00 per)

_____ 30 for \$55.50 (\$1.85 per)

_____ 50 for \$87.50 (\$1.75 per)

_____ other _____

Additional (Ribbon, Stamp on the inside, etc.) _____

BILLING INFORMATION: PLEASE PRINT

Name: _____ Phone Number: _____

Mailing Address: _____

Email: _____

City: _____ State: _____ Zip: _____

County (OH only): _____

___ Ship to me at the above address for the added \$5.00 ___ I will pick up at InRETURN (allow 5 days after receipt of order)

Amount Due \$ _____

Shipping and Handling \$5.00 + _____

Donation (every \$ counts) + _____

TOTAL ENCLOSED \$ _____

PAYMENT INFORMATION

___ Check ___ Cash ___ VISA ___ MasterCard ___ American Express ___ Discover

Card Number: _____ Expiration Date: _____

Signature: _____ Name on Card: _____

Special Instructions: _____

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