

Family Contact Survey Mailing Service Order Form

Please fill out the order form below and indicate the number of surveys you want OGR to mail on your funeral home’s behalf. Then, include the mailing information for each of the contacts to send the survey to on the included Survey Mailing Contact Sheet.

Once OGR receives your order, you will get an email confirmation. You will also receive another email when your order is completed within 5 to 10 business days.

**How the Family Contact Survey**

**Mailing Service Works:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **QTY.** | **Price per survey** | **Total** |
| # of Surveys to be Mailed Out |  | X $1.00 ea |  |
|  | Total |  |
| *Shipping and Delivery: Surveys will be mailed to families using USPS*  |
| **Customer/Payment Information** |
| CONTACT NAME: E-MAIL: |
| FIRM NAME: PHONE:  |
| STREET ADDRESS:  |
| CHARGE MY CARD: VISA MASTERCARD  AMEX  DISCOVER |
| CREDIT CARD #:  |
| EXP. DATE: | SECURITY CODE: |
| NAME (as it appears on card): |
| CREDIT CARD BILLING ADDRESS: |
| CITY: STATE: ZIP: |
| CARDHOLDER’S SIGNATURE: |
| I would like to be contacted for my credit card payment information by phone.  |



[**www.ogr.org/family-contact-program#optmailing**](http://www.ogr.org/family-contact-program#optmailing)

OGR offers a mailing service option to make using the Family Contact Program as convenient as possible. OGR will:

1. Print out your funeral home’s personalized Family Contact survey and OGR’s letter of explanation
2. Include postage on the mail out and business reply envelopes
3. Mail the above mentioned materials to families on your funeral home’s behalf

Let OGR send out the survey for you and receive a full report with copies of the returned responses every month. The cost of the mailing service option is $1 per survey mailing.

If you have any questions or require more information, contact the Family Contact Program Manager Denise Rodriguez at 800-637-8030 or drodriguez@ogr.org.

Fax order form to: 512-334-5514 or email drodriguez@ogr.org

****

**Survey Mailing Service Contact Sheet:** Please include the contact's name, address, city, state, and zip code. If you want to include a case or file # to track which funeral service the respondent is referencing, please include this information as well (optional). Include additional pages if needed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Contact Name** | **Mailing Address** | **City** | **State** | **Zip Code** | **Case or File # for service (optional)** |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |

*(Continued Page 2)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Contact Name** | **Mailing Address** | **City** | **State** | **Zip Code** | **Case or File # for service (optional)** |
| **11.** |  |  |  |  |  |  |
| **12.** |  |  |  |  |  |  |
| **13.** |  |  |  |  |  |  |
| **14.** |  |  |  |  |  |  |
| **15.** |  |  |  |  |  |  |
| **16.** |  |  |  |  |  |  |
| **17.** |  |  |  |  |  |  |
| **18.** |  |  |  |  |  |  |
| **19.** |  |  |  |  |  |  |
| **20.** |  |  |  |  |  |  |
| **21.** |  |  |  |  |  |  |

*(Continued Page 3)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Contact Name** | **Mailing Address** | **City** | **State** | **Zip Code** | **Case or File # for service (optional)** |
| **22.** |  |  |  |  |  |  |
| **23.** |  |  |  |  |  |  |
| **24.** |  |  |  |  |  |  |
| **25.** |  |  |  |  |  |  |
| **26.** |  |  |  |  |  |  |
| **27.** |  |  |  |  |  |  |
| **28.** |  |  |  |  |  |  |
| **29.** |  |  |  |  |  |  |
| **30.** |  |  |  |  |  |  |
| **31.** |  |  |  |  |  |  |
| **32.** |  |  |  |  |  |  |

*(Continued Page 4)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Contact Name** | **Mailing Address** | **City** | **State** | **Zip Code** | **Case or File # for service (optional)** |
| **33.** |  |  |  |  |  |  |
| **34.** |  |  |  |  |  |  |
| **35.** |  |  |  |  |  |  |
| **36.** |  |  |  |  |  |  |
| **37.** |  |  |  |  |  |  |
| **38.** |  |  |  |  |  |  |
| **39.** |  |  |  |  |  |  |
| **40.** |  |  |  |  |  |  |
| **41.** |  |  |  |  |  |  |
| **42.** |  |  |  |  |  |  |
| **43.** |  |  |  |  |  |  |