

Updated!

OTS Direct Mail Program

by Off The Shelf Marketing

It's fast! It's affordable! It's effective! It's easy!

This is what you do...

- Choose the postcard you want to represent your business
- Tell us when and how often you'd like them sent
- Give Mary your logo, contact information and mailing list (one-time setup fee of \$49 per list)

We do the rest!

Member Price includes:

- Professionally designed 6 X 10 postcard (choose from eight different formats)
- Personalization with your logo on the front and back
- **Now you can change the image, change the message!**
- Your company name in the text, your contact info on back
- Postage and mailing



Market to your current and potential customers with this most effective marketing tool - made easy!

Use our direct mail program to remind current customers of your great products and service!

Use it to target potential customers...let the people in your area know who you are and what you have to offer!

Don't think you have a list? Mailing lists can be pulled from your current customer base...and there are lists available for purchase to help you target any audience. **Call Mary today!**

It's Off The Shelf! 888.875.7707

OTS

Direct Mail Program Order Form

from Off the Shelf Marketing

These prices include:

- Professionally designed 6 X 10 postcard (choose from eight different card designs)
- Personalization with your logo on the front and back
- Your company name in the text, your contact info on back
- Postage and handling
- **You can even change the images and the message!**

Number of cards per mailing

Frequency (number of mailings)	Number of cards per mailing			
	100-500	501-1,000	1,001-2,500	2,500 +
1	.95/ea	.90/ea	.80/ea	.75/ea
3	.85/ea	.80/ea	.70/ea	.65/ea
5	.75/ea	.70/ea	.60/ea	.55/ea

** There is an additional \$49 one-time setup fee per mailing list*

	Quantity	Frequency (1, 3 or 5 times)
Bathroom Safety I	_____	_____
Bathroom Safety II	_____	_____
ADLs	_____	_____
Lift Chairs	_____	_____
Scoters	_____	_____
Walkers/Rollators	_____	_____
Power Chairs	_____	_____
All inclusive HME	_____	_____

Person placing order _____

Phone number _____

e-mail address _____

VGM Group Member number _____

Company Name _____

Address _____

City _____ State _____ ZIP _____

Payment in full is required when order is placed:

Credit card number _____

Expiration date _____ CW2/CVC2 code: _____

Cardholder name _____

Signature of cardholder _____

ph: 888.875.7707

fx: 877.559.3798

www.vgmt-ots.com

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Number of cards per mailing

Frequency (number of mailings)		5,000	10,000	15,000	20,000	25,000+
	1	.65/ea	.62/ea	.60/ea	.55/ea	.50/ea
	3	.60/ea	.57/ea	.55/ea	.52/ea	.47/ea
	5	.55/ea	.52/ea	.50/ea	.47/ea	.44/ea

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	Quantity	Frequency (1, 3 or 5 times)
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