



FAMILY CONTACT SUPPLIES RE-ORDER FORM

Date _____

Contact Information

Funeral Home _____

Contact Person _____ Telephone _____

Mailing Address _____

Email for Confirmation _____

Please indicate the quantity of each of the supplies you need

_____ Evaluation of Service survey

_____ Letter of Explanation on Golden Rule stationery to explain the survey to the family

_____ OGR letterhead to use for personalized letter

_____ Envelopes to enclose the survey and letter to each family

_____ Business Reply envelopes for families to use to return their survey to OGR

**Fax order form to OGR at:
(512) 334-5514**

FOR SHIPPING DEPARTMENT USE ONLY

Date Shipped _____ By _____