


Instructions for Individual Direct Mail Orders - Minimum is 100 candles

	<p>Shoah Yellow Candles™ are individually mailed by standard nonprofit Marketing Mail (formerly known as Bulk Mail) to members of your congregation or organization about three weeks prior to Yom HaShoah.</p> <p>A mailing list with same number of names and addresses as there are candles in your order is required. The minimum order is 100 candles, For example, if that is the size of your order then your mailing list should have 100 names and addresses. It must be supplied as an electronic file, formatted as described below. Please scan this completed Direct Mail order form.</p> <p>E-mail all files at one time to info@yellowcandles.org.</p>					
<p><i>Please set up and upload files with the order</i></p> <p>1. mailing list in Excel (.csv) spreadsheet and</p> <p>2. cover letter in Word doc format</p>	<ul style="list-style-type: none">• Set up the mailing list in an MS Word table or Excel – (.csv) spreadsheet format• Prepare mailing list fields as follows: Name, Address, City, State, ZIP (FIVE FIELDS ONLY) <table><tr><td>Mr. & Mrs. Joe Stein</td><td>444 Blue St.</td><td>New York</td><td>NY</td><td>55555</td></tr></table> <p>Note:</p> <ul style="list-style-type: none">•Only the above file format is acceptable. If any additional fields are included, your data will not be acceptable.• An additional \$25 charge will be imposed if your data is formatted incorrectly but can be fixed.• Another file will be requested if the original data is not usable.	Mr. & Mrs. Joe Stein	444 Blue St.	New York	NY	55555
Mr. & Mrs. Joe Stein	444 Blue St.	New York	NY	55555		
<p>Cover Letter</p>	<p>Only one (1) original of the congregation/organization cover letter is required. Please send in either MS Word doc (or docx).</p>					
<p>Tear-Off Form</p>	<p>To facilitate the return of individual contributions to cover the cost of the Yellow Candle program and to support Holocaust commemoration programs, a tear-off form should be added to the bottom of the congregation/organization cover letter. The format for the tear-off form (to be returned in a standard #10 windowed envelope included in the mailing) includes a return address in the lower left so that it will show through the envelope window with space for the donor's name and address on the right. Sample letters with tear-off forms can be found by going on-line to www.yellowcandles.org.</p> <div></div>					
<p>Before Sending Order</p>	<ul style="list-style-type: none">• Do all names have complete addresses, including city, state, and ZIP code?• Does the number of names on the list match the number of candles ordered?• Are the name, address, phone number, website, and other contact info for your organization included?• Is the letter with the tear-off form from your organization included?• Is full payment for the entire order included? <p>• REMEMBER: The Last day for ordering Direct Mail candles is Thurs., February 5, 2026.</p>					
<p>Need Resources?</p>	<p>Visit: www.yellowcandles.org</p>					
<p>Have Questions?</p>	<p>Call: 1-800.391.7293 (From 9 am to 9 pm - Eastern Time)</p> <p>or E-mail: info@yellowcandles.org</p>					

Individual Direct Mail Delivery Order Form & Pricing – Minimum is 100 Candles

- **Online Order:** <https://fjmc.org/fjmc-store/>
- Catch the “Early Bird” for Direct Mail Orders! **“Early Birds” must be received before Thursday, January 15, 2026!**
- Direct Mail Deliver Orders have a minimum of 100 candles.
- Bulk delivery order form for cases of Yellow Candles, bubble mailers and bags is the next page in this guide.
- **Deadline for Direct Mail Orders is Thursday, February 5, 2026.**

- Yellow Candles™ are individually mailed in a mailer to members of your congregation or organization. Each mailer contains a cover letter from your congregation or organization, including a tear-off form for contributions along with a meditation, and a windowed return envelope.
- Candles will be mailed standard nonprofit Marketing Mail (formerly Bulk Mail) about three weeks prior to Yom HaShoah.
- Delivery is available only within the United States.
- Directions for preparing the mailing list are on the reverse of this form.

Make checks payable to “FJMC”

and mail to:
**Yom HaShoah
 Yellow Candle Program
 P.O. Box 2122
 Kirkland, WA 98083**

Name of Person Placing Order: (please print) _____
 Organization Name: _____
 Address: _____
 City: _____ ST/Prov: _____ Zip/Postal Code: _____
 Purchaser's Email: _____ Purchaser's Phone: _____
 Contact: _____ Contact's Email: _____
 Org. Website: _____ Org. Twitter: _____

For Information or Help Call:
1-800.391.7293
 (after 12 noon EST) or
 Email to:
info@yellowcandles.org

Is your Organization affiliated with one of the following movement Organizations? Check ✓ the one that Applies:

- ☐ FJMC. If yes, Club #: _____ ☐ MRJ/URJ ☐ USY/USCJ ☐ WLCJ ☐ Other _____
☐ This order includes all these items: Excel spreadsheet mailing list & cover letter in Word format, per the instructions.

Check ✓ If this is a First Time Order By your organization <input type="checkbox"/> Yes <input type="checkbox"/> Check Enclosed Payable to “FJMC”	ITEM	Qty	PRICING – Note: Pricing is Date Sensitive!	Subtotal
	Yellow Candle™ Includes Mailer, Letter, Meditation & Return Envelope		\$7.50 per Candle on Orders received by January 15, 2026. \$8.00 per Candle on Orders received between January 16, 2026, and the order deadline date, February 5, 2026.	
	Data Entry Reformatting Fee		\$25 Fee. No Charge if Properly Formatted per the Instructions	
	Additional Case(s) of Yellow Candles™ (48/per case)		\$74/Case for 3 Cases or Less If Ordering Cases in Addition to Direct Mail Delivery Use BOTH Forms, but send them Together when Placing and Paying for Your Order	
	Delivery Charge for Cases(s)		\$17 for each case of candles (48 per carton) at all times	
	Total # of Items Ordered		Total Due:	

☐ Charge to
 Visa or Master Charge

Payment in Full Must Accompany the Order to be Processed

Cardholder Name: (please print) _____
 Card #: _____ Exp. Date: ____ / ____ Security Code: _____
 Address: _____
 City: _____ ST/Prov: _____ Zip/Postal Code: _____
 Cardholder Signature: _____

Extra cases? Ship to
 Address:

 For Case(s) of Candles,
 if Ordered and if Different
 than
 the Person Placing the order

ATTENTION: (Name of Person Receiving Order): (please print) _____
 Organization Name: _____
 Address (Include Room if Applicable): _____
 City: _____ ST/Prov: _____ Zip/Postal Code: _____
 Recipient's Email: _____ Recipient's Phone: _____
 Does Your Organization Accept Friday Deliveries? Yes ☐ No ☐