

UCSF Helen Diller Family Comprehensive Cancer Center business card order form

Contact information:

Name: _____

Address: _____

City, State Zip: _____

Tel: _____ Email: _____

Dept. Chart of
Accounts (COA)

Business Unit*

Account

Fund* (4-digit)

Dept ID* (6 digits)

Fields with *
are required

Project* (7 chars)

Activity Period (2 chars)

Function* (2 chars)

Flexfield (6 chars)

Delivery information:

Customer pick up at:

Mission Hall
Documents & Media
Service Center
550 16th Street
Room 1504
San Francisco, CA 94143
tel: 415.502.8664

Mission Center Building
Documents & Media
Service Center
1855 Folsom Street
Room 156
San Francisco, CA 94143
tel: 415.514.2054

Parnassus Heights
Documents & Media
Service Center
500 Parnassus Avenue
Millberry Union Garage,
P8 Level, Room 10E
San Francisco, CA 94143
tel: 415.514.2054

Shipping to off-campus address *(addtl. shipping fees apply):*

Use same address as contact information

Name: _____

Address: _____

City, State Zip: _____

Tel: _____ Email: _____

CUSTOMER NOTES:

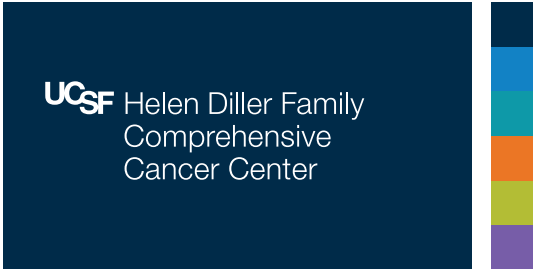
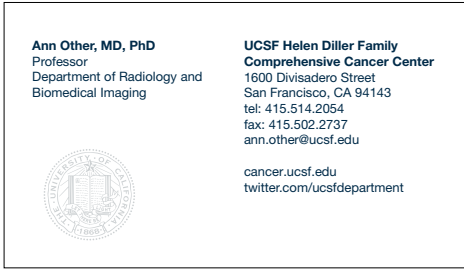
**Please save your completed
order form and email to
UCSF Documents & Media:
dm.stationery@ucsf.edu**

A pdf proof will be emailed to you
for review within 2-3 business days
for standard turnaround times.

UCSF Helen Diller Family Comprehensive Cancer Center business cards

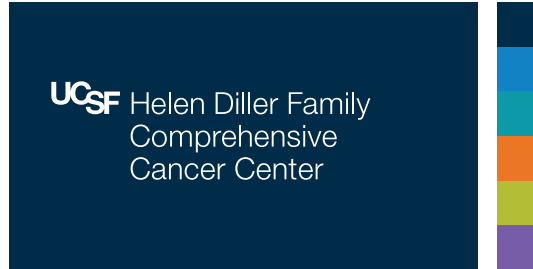
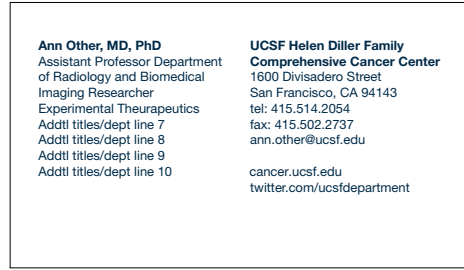
Standard style business card (with seal)

Accommodates a maximum of 6 lines of text on the left column & 12 lines of text on the right column



Extended style business card (No seal)

Accommodates a maximum of 10 lines of text on the left column and 12 lines of text on the right column



Business card back: Each order of business cards include all 6 colors shown on the palette

Quantity: 250 qty 500 qty 1000 qty 2500 qty

Turnaround time (after final proof approval): Standard (5-7 business days)
Rush (3-4 business days +25% charge)

Card imprint information:

Name: _____
 Title 1: _____
 Dept/Div: _____
 Title 2: _____
 Dept/Div: _____
 Addtl Titles/Dept: _____

UCSF Helen Diller Family Comprehensive Cancer Center
 Address: _____

 City, State Zip: _____
 Tel 1: _____
 Tel 2: _____
 Tel 3: _____
 UCSF email: _____
 Mandatory website: cancer.ucsf.edu
 Addtl UCSF website/social media (optional):

