

LETTERHEAD



HARVARD UNIVERSITY
ORDER FORM

Classic Graphx
design & printing

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harvard@classicgraphx.com

STEP 1 CHOOSE YOUR PAPER

1

Classic Graphx's Paper

Solar White (bright white 24# Writing Text)

Natural White (cream 24# Writing Text)

Harvard Watermark Paper (Supplied*)

Solar White (bright white)

Natural White (cream)

*Please call or email to schedule a paper pickup

STEP 2 CHOOSE YOUR PRINT & INK

2

Offset Printing

Black Only

Black & Harvard Red

Black & PMS # _____

STEP 3 CHOOSE YOUR SHIELD

(Please Circle one)

3

**FAS Veritas
Shield**

BLACK & RED | BLACK

**Harvard Medical
School Shield**

BLACK & RED | BLACK

**Harvard Law
School Shield**

BLACK & RED | BLACK

**HS of Public Health
Shield**

BLACK & RED | BLACK

**Harvard Business
School Shield**

BLACK & RED | BLACK

**HS of Government
Shield**

BLACK & RED | BLACK

**HS of Education
Shield**

BLACK & RED | BLACK

**Harvard Dental
School Shield**

BLACK & RED | BLACK

**Harvard Divinity
School Shield**

BLACK & RED | BLACK

**Kennedy School
Shield**

BLACK & RED | BLACK

STEP 4 FILL IN THE INFORMATION FOR YOUR ORDER

4

PLEASE NOTE: You will receive a PDF proof by email within 2-3 business days of ordering. You will then be able to approve it for production or make changes.

Serif

Harvard University
Harvard University

Sans-Serif

Harvard University
Harvard University

Please print all letters and numbers clearly. Clearly mark any accents.

Choose a type style for each line: **Bold (B)**, *Italic (i)*, ALL CAPS (A), or Upper & Lower (UL).

Name: _____

Title 1: _____

Title 2: _____

School/Division: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone: _____

Cell: _____

Fax: _____

Email: _____

STEP 5 PRICING & BILLING INFORMATION

5

If your request is different from the following options please call for a custom quote.

BLACK ONLY

Classic Graphx's Paper

500 \$115

1000 \$135

Harvard Paper

(Supplied)

500 \$100

1000 \$110

BLACK & RED

Classic Graphx's Paper

500 \$155

1000 \$175

Harvard Paper

(Supplied)

500 \$140

1000 \$155

Method of Payment:

Account (Invoice) Department Name: _____

Department Contact: _____ Phone: _____

Credit Card / P-Card (Fill in below)

Card # _____

Exp. ____ / ____ CIV: _____ ZIP: _____

Signature: _____

Shipping:

Deliver to: _____

Pick-up