



Welcome to The DOVE News, the monthly newsletter for home-care offices. This intake sets up your account, your office details and your look. Pricing: **\$200 one-time setup** plus **\$39 per account per month** (one account can cover several locations). Payment is made through our online store checkout or invoice, never on this form. Fields marked * are required. Type directly into this PDF (Adobe Acrobat Reader, Preview or any form-capable PDF app) and save, or print and write clearly.

1 ACCOUNT

Business legal name *	Doing business as (DBA)	Preferred account key (e.g. renfroe-home-care)	
Main office street address	City *	State *	ZIP
		(select)	
Office phone (printed in the newsletter) *	Website	Service area (towns or counties)	

2 CONTACTS

Primary contact name *	Title	Email *	Phone
Who sends the monthly update form?	Their email	Billing contact	Billing email

3 LOCATIONS COVERED BY THIS ACCOUNT

City	State	Location key (city-state, e.g. pelham-al)	Location phone
	(select)		
	(select)		
	(select)		
	(select)		

4 LOOK AND CONTENT

Your logo files		Your colors (hex codes, if known)	
☐ Attached ☐ Will send ☐ Use text name only			
Monthly themes			
☐ Use the default monthly editions ☐ I want to discuss themes			
Sections you want most months			
☐ Owner / director message	☐ Caregiver of the Month	☐ New team members	☐ Birthdays & anniversaries
☐ Office news	☐ Upcoming events	☐ Now hiring	☐ Care tips
☐ Thank-yous & recognition	☐ Puzzles & fun	☐ Family resources	☐ Other
First issue month *	Year	Main readers	
(select)		☐ Caregivers ☐ Clients & families ☐ Both ☐ Referral partners too	



5 AGREEMENT

- ☐ We agree to the \$200 one-time setup and \$39 per account per month, billed through the online store or invoice. *
- ☐ Theme change requests after setup are \$10.00 one-time per change request (Section 12 of the monthly update form).
- ☐ We will send photos, names and stories only with written permission from each person shown (TDC-FRM-703), and never client health details. *
- ☐ Our account password is created and sent to us separately; we will not write passwords on this form.

AUTHORIZED ACCOUNT HOLDER

Printed name *

Typed signature (type your full name) *

Title

Date *

X

If printed: sign here by hand in ink

A typed signature is used when this form is completed electronically and the signer intends it as their signature. Your agency or attorney may require a handwritten or verified e-signature.

OFFICE USE ONLY

Account key assigned

Setup fee received

Account active

Entered by

How to return this form. Email the completed form to hello@thedovecircle.com (cc messenger@thedovecircle.com) or use the matching form at thedovecircle.com.