



## Tol Friends' Memory Box Program Tutorial for Chapters

If your chapter is part of the Tole Friends' Memory Box Program or would like to join our program, please follow this tutorial in order to access our online system. We understand at first sight changing from simple email notifications to an online system can be frustrating or confusing, but you will soon discover this system is faster, easier and gives you less work.

1. Your first step is to register with our system, to do this please go to <http://memoryboxes.org/data/register.php> and fill in the blanks

### Registered Hospitals & Painters

[Registration Page](#)

[Back to Login Page](#)

username *	<input type="text"/>
password *	<input type="password"/>
Confirm password	<input type="password"/>
Email *	<input type="text"/>



Please enter the validation code shown \*

Choose your username and password; type in your email address and the validation code from the image into the validation field. Please choose something you can remember easily because you will need it when you want to notify us about having boxes ready to mail.

2. Once you have clicked on register, you will be taken to the login page and it will show in red at the top that you need to wait for an email. Once you have received the email click on a link in the email to activate your registration. Only after you have activated your membership (a security measure to make sure no one else can sign up for you), you will be able to log in.

The activation email you will receive is as follows:

Dear Sir/Madam,  
Thank you for registering with us. Your registration details with us are as follows:  
username: xxx  
password: yyy  
Email: [youremail@isp.com](mailto:youremail@isp.com)  
Please click the following link to activate your account:  
<http://memoryboxes.org/data/register.php?action=confirm&email=youremail@isp.com&code=L9GaDxyivspRJM1uWst3OuybLQx3GjklgUEWi-RsO-4>.  
Please feel free to contact us in case of further queries.  
Best Regards,  
Tole Friends' Memory Box Program  
Administration

3. Once you have clicked on the link, your account will show as activated.

### Registered Hospitals & Painters

Login Page

Your account is activated

User Name

Password

- Auto login until I logout explicitly
- Save my user name
- Always ask for my user name and password

Login

[Forgot Password](#)   [Register](#)

4. Due to an extra built-in security feature, it will be necessary that one of our administrators sets up your first record. This security measure will help to avoid those people who only want to cause problems for us with false records.

In order to allow our administrator to set up your basic record, please send an email to [co-chair@memoryboxes.org](mailto:co-chair@memoryboxes.org) and paste the following text into the email and complete the information:

First & Last Name of the person who will report boxes: _____ Name of Chapter, Guild or Group _____ City/Town of the Chapter: _____ State: _____ Zip: _____ Country: _____
--

Once our administrator has set up your basic record, you will receive an email and then may log in to report boxes.

- Once you are ready to notify us about having boxes ready to ship, please go to the login page.

### Registered Hospitals & Painters

Login Page

User Name

Password

- Auto login until I logout explicitly
- Save my user name
- Always ask for my user name and password

[Forgot Password](#)    [Register](#)

Type in your username and password and lick on the login tab.

- After you log in, you will see the record, which was preset by one of our administrators in "table view"

**Registered Hospitals & Painters**

TABLE: registered painters    [Printer Friendly](#)    [Export to Excel](#)    [Export to Word](#)    [Export to CSV](#)

       [Show all](#)    [Advanced Search](#)

Exact phrase     All words     Any word

Page  of 1    Records Per Page

Records 1 to 1 of 1

Please contact the administrator, there are no records that match this login

		First & Last Name (**)	Email (**)	Style Angels Qty	Style Animals Qty	Style Boys Qty	Style Girls Qty	Style Flowers Qty	Style Teddy Bears Qty	Style Other Qty	No. Of Boxes Mailed	Name Of Hospital	Date Shipped	Proof Mailed - upk only
<a href="#">View</a>	<a href="#">Edit</a>	<a href="#">Copy</a>	Anne Strebe	certs@customdesignsteam.biz	0	0	0	0	0	0	0			
											Total:	0		

Page  of 1    Records Per Page



Records 1 to 1 of 1

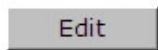
Please click on "Edit"

7. Your FIRST record, which was set up by one of our administrators, will show as follows:  
**Registered Hospitals & Painters**

Edit TABLE: registered painters

[Go Back](#)

First & Last Name *	Anne Strebe 1
Painter Group	Annie's Chapter 2
Painter Group Coordinator	Natalia Olivero 3
City/Town *	Puerto Ordaz 4
State (non US choose outside USA) *	Iowa 5
State Non US	6
Zip *	333 7
Country *	USA 8
Style Angels Qty	0 9
Style Animals Qty	0 9
Style Boys Qty	0 9
Style Girls Qty	0 9
Style Flowers Qty	0 9
Style Teddy Bears Qty	0 9
Style Other Qty	0 9
No. Of Boxes Mailed	0 10
Name Of Hospital	Please Select 11
Date Shipped	12 
Proof of Mailing/Delivery - upload jpg/gif only	13 
Order Status	Please Select 14
Comments	15



## Legend:

### 7.1. First & Last Name Field - 1

Refers to the name of the person, who will take care of reporting the boxes. The information in this field can **only** be changed by admin. If the chapter requires a change of this name, please send us an [email](#) with the change.

### 7.2. Name of Chapter or Painting Group - 2

Please fill the blank with your Chapter's / Guild's or Painting Group's name.

### 7.3. Name of Coordinator - 3

If the name of the coordinator for this program is different than the one of the person, reporting boxes, please fill the blank; otherwise no information needs to be put into this field.

### 7.4. City/Town - 4

The information in this field can **only** be changed by admin.

### 7.5. State - 5

The information in this field can **only** be changed by admin.

### 7.6. State Non US - 6

This field only needs to be filled if you are not established in the USA

### 7.7. Zip/Postal Code - 7

### 7.8. Country - 8

Please choose your country.

### 7.9. Style Fields - 9

Some Hospitals have special request this can be for "only flowers", "no angels" then at times they might need gender-specific boxes because they have several which are clearly for a baby girl but have nothing for boys.

The style fields are NOT required fields, if you think it is too much work to put in the different styles or do not have this information, these fields can remain showing zero.

### 7.10. Number of Boxes - 10

Please type in the total of boxes ready to mail.

### 7.11. Name of Hospital - 11

If your chapter, guild or painting group has adopted one or more specific hospitals, please choose a hospital. In this case you need to make 1 record for each hospital whenever you decide to split the boxes from a certain date between several hospitals.

If you have not adopted a hospital or if the record is for boxes you have ready in excess of what you send to your adopted hospital(s), please do NOT choose any hospital.

The field has to be there because the system will fill in the name of the hospital once the administrator has assigned you one or more hospitals.

This system will also allow you see all your records in the future; very helpful for chapter

records, requests for grants or tax related issues.

**7.12. Date Shipped - 12**

Once you have received notification from admin where to ship your boxes or have delivered these to your adopted hospital(s), please log into this same record, click on **edit** and add the shipping date. You can simply click on the small calendar icon at the right and choose the date you shipped or delivered boxes.

**7.13. Proof of Mailing – 13**

Sending us a proof of mailing or delivery is not required but in order to have as much information in our records as possible, we appreciate it if you will take the time to scan your receipts and upload.

Being able to have a record of boxes shipped / delivered to possible future sponsors will also enable us to obtain funding, which will be applied 100 % to the program.

**7.14. Ship to all States – 14**

Please click yes when you are willing to ship anywhere within the USA and no if you only want to ship within your State.

**7.15. Status – 15**

The dropdown allows you to set this field to "Ready to Ship" / "Shipped"

When you create the record to let us know you have boxes ready, please choose "Ready to Ship", once you edit your record in order to inform the system about the date boxes were shipped or delivered, please change it to "Shipped".

Receiving this information from you will allow the system to compute how many boxes went to each hospital.

**7.16. Comments – 16**

Please use this field for any additional information you feel we need to know.

8. On your FRIST records, which was created by us (see 4), you simply complete the information about the boxes that you have ready to ship and click on Edit.
9. For your next notification of boxes to ship you click "Copy" of your existing record, this will give you a pre-populated form and you only change the information for boxes and then click on the ADD tab at the bottom and the new form will be added to your records.
10. You will always be able to see ALL your records when you log in and also can download these to Excel, Word or as csv file see menu at the top of your table listing.

Please do not hesitate to contact us at [admin@memoryboxes.com](mailto:admin@memoryboxes.com) if you need further help.

Kindest regards,  
Administration  
Tole Friends' Memory Boxes Program

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