

# Name Tag Order Forms

<b>ESCV Name Tag Order Form</b>		<b>Date:</b> _____
Please fill in the following information and send it along with a check made out to ESCV to the address below.		
<b>Name</b>	<b>Phone #</b>	Choose one: <input type="checkbox"/> Pin Back (\$8) <input type="checkbox"/> Magnet Back (\$8) <input type="checkbox"/> Postage, if desired (\$3) <input type="checkbox"/> Postage, if desired (\$1)
<b>Address</b>		
<b>E-mail</b>		
Send to: Laura Sheldon, 22 Galleon Drive, Malta, NY 12020 (Email:sheldon.laura1@gmail.com; phone # 518-886-1841)		
Note: You will receive an e-mail when the order is in (2-4 weeks)		<b>Total Enclosed:</b> _____

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