

**ESCV Name Tag Order Form****Date:** \_\_\_\_\_

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>
<b>Address</b>	
<b>E-mail</b>	

Choose one:

- |  |  |
|--|--|
| <input type="checkbox"/> Pin Back (\$8)            | <input type="checkbox"/> Magnet Back (\$8)         |
| <input type="checkbox"/> Postage, if desired (\$4) | <input type="checkbox"/> Postage, if desired (\$1) |

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)

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