

ORDER FORM - IN-MEMORIAM

DEADLINE: 1 WEEK PRIOR TO PUBLICATION DATE. Today's date: _____

Run Date: _____ **Photo/Art Attached:** Yes No

I will not hold The Post-Standard responsible for lost or damaged photographs and/or art.

Signature _____
(Required)

In Loving Memory Of:

Name of deceased _____

Date of birth _____ **Date of death** _____

Verse

From

Comments _____

■ **SUBMITTED BY**

BORDER# _____

NAME _____

SIZE _____ **\$** _____

(Refer to the In-Memoriam sample sizes and rates chart.)

PHONE NUMBER _____ **EMAIL** (For proofs) _____

Keepsake Copies _____ **\$** _____

(Copies printed on photo paper \$5.40 ea. includes 8% NYS sales tax.)

ADDRESS _____ **APT.** _____

TOTAL \$ _____

CITY _____ **STATE** _____ **ZIP** _____

Advertising is subject to the Credit Department approval.
Please note: after filling out all of the information, save, print and sign it. Then return by fax, mail or drop it in the payment box in The Post-Standard lobby Mon.-Fri. 8:30 a.m.-5 p.m.

■ **PAYMENT METHOD**

Check enclosed (payable to Post-Standard)

■ **SEND US YOUR ORDER FORM**

Mail: Attn: Classified Dept.

The Post-Standard

P.O. Box 4915

Syracuse, NY 13221-4915

Charge my **VISA** **MC** **DISC** **AMEX**

Fax: 315-470-2050

Questions: 315-470-0032 or 800-765-4047

Credit Card # _____

Exp. Date _____ **Security Code** _____
(on back of card)

Signature _____
(required)

■ **OFFICE USE ONLY**

SLS# _____ **Account # (Off receipt)** _____

Clinton Square, P.O. Box 4915 | Syracuse, NY 13221-4915
General Information: 315-470-0011
www.post-standard.com

Discover the advantage.



Post-Standard Media
syracuse.com

▶ In print and online.