

ORDER FORM - IN-MEMORIAM

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

NOTE: In Memoriams are available to publish six months or more after the date of death.

Run date _____ **Photo/art attached** YES NO

In loving memory of

Name of deceased _____

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

Verse _____

From _____

■ SUBMITTED BY

Name _____

Phone _____ **Email** (for proofs) _____

Address _____ **Apt. #** _____

City _____ **State** _____ **ZIP** _____

■ PAYMENT METHOD

Check enclosed (payable to Post-Standard)

Charge my VISA MC DISC AMEX

Credit Card # _____

Exp. Date _____

Signature _____

(required)

I assume all responsibility for and will indemnify The Post-Standard for any liability arising from the publication of the information I have provided The Post-Standard for the purpose of use with an In Memoriam ad. I will not hold The Post-Standard responsible for lost or damaged photographs an/or art.

Signature _____

(Must be 18 years of age)

Border # _____

Size _____ **\$** _____
(Refer to the In-Memoriam sample size and rates chart.)

Color Option for Holidays _____ **\$** _____
(Refer to the In-Memoriam sample size and rates chart.)

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

TOTAL **\$** _____

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.

■ SEND US YOUR ORDER FORM

Mail: Attn: Classified Dept.

The Post-Standard
P.O. Box 4915
Syracuse, NY 13221-4915

Fax: 315-470-2050 **Email:** classified@syracuse.com

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