

# ORDER FORM - IN-MEMORIAM

DEADLINE: 1 WEEK PRIOR TO PUBLICATION DATE.

■ PLEASE COMPLETE THE FOLLOWING INFORMATION 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

NAME \_\_\_\_\_

SLS# \_\_\_\_\_ BORDER# \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL (For proofs) \_\_\_\_\_

SIZE \_\_\_\_\_ \$ \_\_\_\_\_  
(Refer to the In-Memorial sample sizes and rates chart.)

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

# Laminated Copies \_\_\_\_\_ \$ \_\_\_\_\_  
(Laminated copies \$4.32 ea. includes 8% NYS sales tax.)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

■ PAYMENT METHOD

Check enclosed (payable to Post-Standard)

Charge my  VISA  MC  DISC  AMEX

Account \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

(required)

Advertising is subject to the Credit Department approval.  
Please note, this order form can not be saved.  
After filling out all of the information, print it  
and fax it, drop it in the mail or stop by.

■ SEND US YOUR ORDER FORM

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

Fax: 315-470-2050

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

■ OFFICE USE ONLY

Account # (Off receipt)