

# ADDITIONAL CARD FORM

**PLEASE PRINT CLEARLY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Cards: \_\_\_\_\_

\$1.00 per card = \$ \_\_\_\_\_

Postage \$ .50

Total Enclosed: \$ \_\_\_\_\_

Mail Form to: **The NYC Verrazano 10-13 Association, PO BOX 061-725, Staten Island, NY 10306**

**FOR OFFICE USE**

**PAYMENT TYPE:** CASH CC CHECK / MO # \_\_\_\_\_

**BY:** \_\_\_\_\_