

SUPER DISCOUNT CARDS

Group Information

Please print this form and return it to the address below. Be sure to also print our Merchant Release Form.

Group Name:

Group Address:

Group Phone Number:
(to clarify any questions)

Group Contact Person:

Include Mascot? Yes No (If yes, attach camera-ready copy)

Imprint Color(s)

Card Color:

Card Expiration Date:

Requested In-Hands Date:

Send Proof for Approval To:

Fax Number for Proof:
(reduces turn-around time)

Number of Cards:

Sponsor Name & Title:

Signature & Date:

LOGO (Attach Camera-Ready Logo Here)

Priority Fund Raising
PO Box 271
Huntington, IN 46750
(800) 347 – 7865
(260) 672 – 8320 fax