

## PERSONALIZED PLAQUE ORDER FORM.

Please complete one for **EACH** unique plaque.

| Number of winner plaques<br>Number of finalist plaques         |                        |                        |                   | \$<br>\$               | _                    |
|--|------------------------|------------------------|-------------------|------------------------|----------------------|
| Proof copy emailed to contact na                               |                        | CHARGE                 |                   |                        | -                    |
| Domestic shipping & handling – add \$25.95 for one plaque, add |                        |                        | aque              | \$                     |                      |
| International shipping & handling                              | g — your shipper numl  | ber is <b>REQUIRED</b> |                   |                        |                      |
| UPS Acct.  |                        | _ FedEx Acct           |                   |                        | _                    |
| Ohio customers include 6.75% s                                 | sales tax (tax charged | on entire order inclu  | ding shipping)    |                        |                      |
|  |                        | Т                      | OTAL COST: _      |                        | -                    |
| Winning product:   |                        |                        |                   | _ Award year:          |                      |
| Contact name:  | Company Name:          |                        |                   |                        |                      |
| Address:   |                        |                        |                   |                        |                      |
| City:  |                        | State/Countr           | y:                | Postal Code:_          |                      |
| Phone:   |                        | Email:                 |                   |                        |                      |
| Names of all organizations to ap                               | ppear on plaque. Pleas | e list them in the ord | der you would lil | ke them to appear:     |                      |
| Name of product, exactly as you                                |                        |                        |                   |                        |                      |
| Personalization of plaque (can in                              | nclude individuals nam | nes):                  |                   |                        |                      |
| Payment method:  |                        |                        |                   |                        |                      |
| ☐ MasterCard ☐ Visa ☐  | American Express       | ☐ Discover Card        | ☐ Check (Mal      | ke checks payable to M | assillon Plaque Co.) |
| Card number:   |                        |                        |                   | Expiration Date:       |                      |
| Name on card (please print):                                   |                        |                        |                   | Security Code:         |                      |
| Signature:   |                        |                        |                   | oate:                  |                      |
| Billing address:   |                        |                        |                   |                        |                      |
| City: State/Country  |                        |                        | Postal Code:      |                        |                      |

\_\_ Email: \_

## Please send this completed form to:

Phone: \_

sales@massillonplaque.com / attention Suzanne 5757 Mayfair Rd., North Canton OH 44720 For questions call Suzanne at 800.854.8404 X226