

STOWE RESCUE SQUAD

HELP US HELP YOU

BY CLEARLY DISPLAYING YOUR ADDRESS

REFLECTIVE ADDRESS MARKER ORDER FORM

Please complete the following information:

Name _____
Address _____
City, ST Zip _____
Phone Number _____

Address Number Requested

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Note: If your address has fewer than 5 digits, please X those boxes not used.

Mounting Preference

HORIZONTAL _____

VERTICAL _____

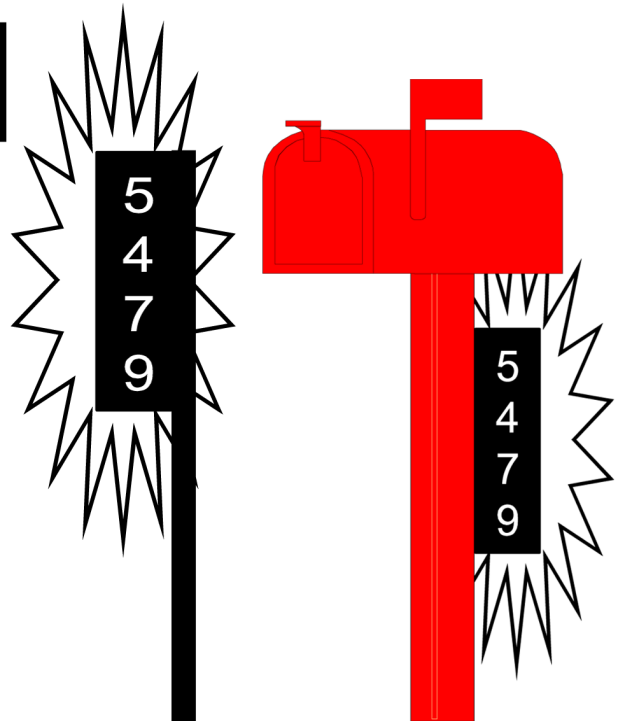
SIGN POST _____

HORIZONTAL

Checks Payable to:
STOWE RESCUE SQUAD

Mail to:
STOWE RESCUE SQUAD
PO BOX 291
STOWE, VT 05672

V
E
R
T
I
C
A
L



ONLY \$15*

* \$20 WITH A POST