



## Ribbon Order Form

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Affiliate \_\_\_\_\_

Address to Send Ribbons to: \_\_\_\_\_

\_\_\_\_\_

Number of Rolls @ \$12.00 each \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Pay By Check or Credit Card

\_\_\_\_ Checks-Payable to NAMI-NYS

\_\_\_\_ Credit Cards

Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ EXP DATE \_\_\_\_/\_\_\_\_

Amount \_\_\_\_\_

\*\*\*\*\*

### **Office Use Only**

Date Sent: \_\_\_\_\_

Amount of Postage: \_\_\_\_\_

**SEND COMPLETED FORM TO BILL WALLACE**

Email: [Bill@NAMINYS.Org](mailto:Bill@NAMINYS.Org) Fax: 518-462-3811

Mail: NAMI-NYS Attn: Bill Wallace

99 Pine Street, Suite 105

Albany, NY 12207