



**NYSORVA**  
 PO Box 2  
 Macedon, NY 14502

# Order Form

518-864-7030  
 Fax: 518-864-7033

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

Billing Address:		Shipping Address:	
Company:		Company:	
Name:		Name:	
Address:		Address:	
City/State/Zip		City/State/Zip	

**Shipping Method:**

Ground

Order Information:

Qty	Product Description	Amount Each	Amount
	<b>NYSORVA Fundraising Calendar</b>	Donation \$10.00	
	Shipping and Handling (up to 5 calendars per order)	\$4.49	\$4.49
	[Contact us for bulk order rates.]		
		<b>Grand Total:</b>	

Contact Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Notes:**

Please make Checks payable to NYSORVA Inc.

*Thank you for your donation toward helping support your riding interests in the Empire State!*