

CHAMBER CHECKS

Order Form

Company Name _____

Name of Purchaser: _____

Address: _____

City/State/Zip: _____

Telephone: _____ /Email: _____

Chamber Checks Order:

Please mark dollar amount of checks and quantity requested below:

(Note: there is a \$2.50 charge per 25 Chamber Checks for handling and delivery.)

<u>Denomination</u>	<u>Quantity</u>	<u>Total \$ Amount</u>
\$ 5.00 _____	_____	_____
\$10.00 _____	_____	_____
\$20.00 _____	_____	_____
\$25.00 _____	_____	_____
\$50.00 _____	_____	_____
\$75.00 _____	_____	_____
\$100.00 _____	_____	_____

Other Denominations (please indicate dollar amount):

\$ _____

\$ _____

Handling/Delivery Charge (\$2.50 per 25 Chamber Checks) _____

TOTAL: _____

Method of Payment:

Check payable to the Fulton County Chamber of Commerce is enclosed _____

MasterCard Credit/Debit Card VISA Credit/Debit Card

Name on Card: _____

Billing Street Address/Zip: _____ Security Code: _____

Card No: _____ Exp. Date _____

Please invoice to: _____

Date order needed: _____ (Payment must be received prior to delivery of CHAMBER CHECKS)

THANK YOU FOR SHOPPING LOCALLY - AND FOR SUPPORTING OUR MEMBERS!



2 N. Main Street, Gloversville, NY 12078
 Ph: 518-725-0641 Fax: 518-725-0643
 Email: info@fultoncountyny.org