



Please complete the following form in full, include it with your medal in the proper protective packaging and mail to:

Fond Memories Graphics, Inc. 20 White Birch Dr Pomona, NY 10970

「Your Information: ————————————————————————————————————		
		Name:
Address:		
City:	Stat	e: Zip:
Phone:	Ema	il:
Information to be engraved on medal:		
Name:		
Time:		
Misc.*:		
* only included if there is a space designated on medal for 3rd line		
Mothod of Day	manti	
1) Credit Card:	ment:	2) Check or Money Order (\$30 per medal):
Card Number:		Please make your check or money order out to "Fond Memories Graphics, Inc." in the amount of \$30.00 USD, and include it with your medal.
CVV: Name on Card:		
Expires:		
Month: Year:		