

BUCKS COUNTY HERALD

SUBSCRIPTION

NEW

RENEWAL

START DATE

GIFT

END DATE

MAIL TO:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

BILL TO (If different from mailing name and/or address):

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

PAID

BILL

AMOUNT

CHECK

CHECK No.

DATE

CREDIT CARD # _____ Exp. Date _____

VISA

MC

AMEX

Discover

TAKEN BY _____

DATE _____

Courtesy Subscription:

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Friend/Family
Other

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