



Print Shop Order Form

● Submit to: CSEA COMMUNICATIONS DEPARTMENT, 143 WASHINGTON AVENUE, ALBANY, NEW YORK, 12210 ●

PLEASE NOTE: All Orders Must Be Paid for In Advance

(PLEASE PRINT INFORMATION CLEARLY)

ALL JOBS ARE PRINTED WITH BLACK INK ON WHITE PAPER UNLESS OTHERWISE NOTED

☐ **LETTERHEAD**

<input type="checkbox"/> Black ink only \$15.50 per 500	Quantity: _____
<input type="checkbox"/> 2 colors (5,000 minimum order) \$31.00 per 1,000	Price: _____

THE FOLLOWING BLANKS ARE FOR THE INFORMTION YOU WANT TO APPEAR ON YOUR LETTERHEAD:

Local Name & Number: _____
and / or
Unit Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone # (include area code): _____ Fax #: _____ (optional)

Officers (optional): NAME	Office (title):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

☐ **ENVELOPES**

<input type="checkbox"/> Black ink only \$21.00 per 500	Quantity: _____
<input type="checkbox"/> 2 colors (5,000 minimum order) \$42.00 per 1,000	Price: _____

THE FOLLOWING BLANKS ARE FOR THE INFORMTION YOU WANT TO APPEAR ON YOUR ENVELOPES:

Local / Unit Name & Number: _____

Address: _____

City: _____ State: _____ Zip: _____

☐ **BUSINESS CARDS**

<input type="checkbox"/> 2 color only \$15.00 per 500	Quantity: _____
	Price: _____

PLEASE ATTACH
ADDITIONAL SHEETS
IF NECESSARY

THE FOLLOWING BLANKS ARE FOR THE INFORMATION YOU WANT TO APPEAR ON YOUR BUSINESS CARDS

Name: _____ Office (Title): _____
CSEA Local/Unit Name & Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number(s): Office: _____ Fax: _____ Cell: _____
Email Address: (Optional - Personal Email Only) _____

ALLOW 4 TO 6 WEEKS FOR DELIVERY. BUSINESS CARDS COULD TAKE LONGER.

► Enclosed is payment of \$ _____ (Make checks payable to CSEA)
SHIP MATERIALS TO: (Please circle: Home or Business Shipping Address)

Your Name: _____

Mailing Address (cannot ship to PO box): _____

City, State, Zip: _____

