



PLEASE ORDER INFORMATION ON REVERSE.

**BILL TO:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email \_\_\_\_\_

**SEND TO (if different from left):**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email \_\_\_\_\_

**BILLING INFORMATION:**

Enclosed is a check made payable to the *Archives Partnership Trust*.

Please charge my:  Visa  MasterCard  Discover  AMEX

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV # (last 3 digits on back of card on signature line) \_\_\_\_\_

Signature \_\_\_\_\_

**PRINT AND MAIL THIS FORM TO:**

Archives Partnership Trust  
Cultural Education Center, Suite 9C49  
Albany, NY 12230

**EMAIL THIS FORM TO:** [aptrust@nysed.gov](mailto:aptrust@nysed.gov)