

# Subscription Form *Maria Legionis*

Name \_\_\_\_\_

Address (no P.O. Boxes) \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

Enclosed is \$ \_\_\_\_\_ for:

☐ 1 year \$12      ☐ 2 years \$22      ☐ 3 years \$33

☐ Enclosed is a check for \$ \_\_\_\_\_ Make checks payable to: "Maria Legionis".

**OR CREDIT CARDS NOW ACCEPTED!**

Credit Card No. \_\_\_\_\_

Expiration (MM/YY) \_\_\_\_\_ CVV \_\_\_\_\_

Mail to: **Maria Legionis Subscriptions, 5109 N. Broad St., Phila., PA 19141**

For subscription envelopes call **215-457-6343**

or email: **marialeionis@verizon.net**

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