

Subscription Form *Maria Legionis*



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City _____ State _____ Zip _____

Email _____ Phone _____

Enclosed is \$ _____ for:

1 year \$18 2 years \$34 3 years \$50

English

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Enclosed is a check for \$ _____ Make checks payable to: **Chernay Printing, Inc.**

Credit Card: _____

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Mail to: **Maria Legionis Subscriptions, PO Box 94, Coopersburg, PA 18036**

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or email: **LOM@chernay.com**