

Subscription Form

Name _____

Address _____

City _____ State ____ Zip _____

Telephone (s) _____

Gift Card Sent From _____

New () or Renewal () required

If you're the gift giver, do you want all renewals sent to you? Yes () No ()

Your name, address and phone number.

Name _____

Address _____

City _____ State ____ Zip _____

Telephone(s) _____

Machias Valley News Observer

In Washington County ___ \$35 / year ___ \$60 / 2 years

Out of County ___ \$40 / year ___ \$70 / 2 years

Please complete form & mail with remittance to:

MVNO • POBox 357 • Machias, Maine 04654

Phone (207) 255-6561 • Fax (207) 255-4058

We take Cash, Check or MasterCard / Visa

Name (as on card) _____

Billing Address (for card) _____

Card # _____

Expiration Date ___/___/___

