

Yes! I Want to Save the AP Italian Program!

**Required Information*

HERE IS MY CONTRIBUTION:

\$10 \$15 \$25 \$100 \$250 Other \$ _____

Name*: _____

Address*: _____

Address2: _____

City*: _____ State*: _____ ZIP*: _____

Telephone: _____ Email: _____

*Payment Type (check one):

AMEX VISA MasterCard My check is enclosed. *(Payable to OSIA Supreme Lodge)*

Credit Card Number*: _____

Expiration Date*: _____ CCV*: _____

*Please provide name and address on credit card, if different than information above.

Name as it appears on card: _____

Billing Address: _____

Billing Address2: _____

Billing City: _____ Billing State: _____ Billing ZIP: _____

Return this form to:

Order Sons of Italy in America
Attn: Save AP Italian
219 E Street, NE
Washington, DC 20002

By email: nationaloffice@osia.org (with the subject Save AP Italian)

By fax: 1-202-546-8168