



Advantage Card Order Form

First name _____ **Last name** _____

Address _____

City _____ **State** _____ **Zip code** _____

E-mail Address _____

Please make sure you share your e-mail address to be updated as providers are added.

Number of cards _____ (**Cards are \$10.00 each**)

Please allow 2 to 4 weeks from time of check receipt for delivery.

Make check payable to:

The Clinton Business Group Foundation, Inc.

Mail payment to:

**PO Box 221
1802 State Route 31
Clinton, New Jersey 08809**