

## The Scribe Newspaper Subscription Form

*To use this form, you will be paying with a check.*

*You can also subscribe online using your web browser.*

### Subscriber Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### Subscription Details – Check one box

1 Month Subscription - \$6.00

3 Month Subscription - \$18.00

1 Year Subscription - \$72.00

### Payment Information

Please make checks payable to: **Apollo Press**

Mail your check to:

Apollo Press  
PO Box 89  
Monclova, OH 43542

I confirm that I would like to subscribe to The Scribe Newspaper and agree to the payment terms. I know I will receive one copy per month.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form with your check to the listed PO Box. *Thank you!*