

ANNUAL PAYER
The National Children's Cancer Society
Vending Program
Additional Sticker Request Form

I, _____ would like _____ more stickers.
My anniversary month for my annual payments is _____.
This will bring my total label number to _____. According to my license agreement with the N.C.C.S, I agree to continue to make annual payments to the N.C.C.S. totaling \$_____.

Cost for the additional stickers:

Months until anniversary: _____

Number of additional stickers: x _____

Equals payment due with order: \$ _____

Check one:

- I am currently a check paying customer; my check to cover the additional stickers is enclosed.

Check Amount: _____ Check Number: _____

* * * **OR** * * *

- Please charge my credit/debit card as follows for these additional stickers.

Master Card Visa American Express Discover

Credit Card #: _____

Expiration Date: _____

Signature _____ **Date** _____

Address: _____

City, State, & Zip: _____

Phone: _____

**Please fax this completed form to 314-735-2023 or mail it to:
NCCS Vending, One South Memorial Drive, Suite 800, St Louis, MO 63102**