Santa Clara University
Postage Mailing Card Order Form

To Be Completed By Department:

Date of Order:

Department Name:

Requestor Name:

Budget String or Speedtype:

Number of Cards Requested:

Is this a new account? ☐ Yes ☐ No

Return To: (will be labeled on back of card)

Name:

Dept. or Location:

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To Be Completed By Mailing Services:

Date of Completion:

Fax to Mailing Services at x5066 or send via inter-departmental mail.