



# GLENVILLE STATE COLLEGE

## *Business Card Order Form*

Name: \_\_\_\_\_  
(as you want it to appear on your business cards; i.e.: Dr. John Doe or Jane Doe, Ph.D.)

Department or Office: \_\_\_\_\_

Title(s): \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_  
(optional)

E-mail Address: \_\_\_\_\_  
(only official GSC e-mail addresses will be printed on business cards)

Number of Cards Requested:  50    100    Other Quantity (specify): \_\_\_\_\_

Signature of Supervisor/Department Chair Indicating Approval: \_\_\_\_\_

Bill To: \_\_\_\_\_ Fund: \_\_\_\_\_ Org: \_\_\_\_\_

**Forward this form to the Public Relations Office once completed and approved**

**A digital proof will then be sent to your campus e-mail from  
the Print Shop for approval before your cards are printed**