

GLENVILLE STATE UNIVERSITY
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 GSU 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**