

# NORTH AMERICAN DAIRY FOUNDATION

## Newsletter Subscription Order Blank

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

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

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

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

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

One (1) year .....\$25

Two (2) years.....\$50

Canada.....\$30 per year

Foreign countries .....Send \$30 value US money

**Make checks payable to:**

North American Dairy Foundation

Mail Subscription form to:

**North American Dairy Foundation**

PO Box 32

Arcadia, WI 54612