



**SAVOR VIRGINIA MAGAZINE SUBSCRIPTION FORM  
ORDER YOURS TODAY!**

*Print & mail to:*  
Subscription Dept.  
Savor Virginia Magazine  
1264 Perimeter Parkway  
Virginia Beach, VA 23454

**YES, I WANT TO SUBSCRIBE**

2 Years – 4 Semi Annual Issues \$9.95 plus 2 FREE issues.

**Mail to:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**I WANT TO GIVE A GIFT SUBSCRIPTION**

2 Years – 4 Semi Annual Issues \$9.95 plus 2 FREE issues.

**My Name and address is:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Name & address of gift recipient:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Where would you like the gift subscription card sent:**

To gift recipient     To me

**PAYMENT INFORMATION**

**Check Enclosed**

Make Checks Payable to:  
VISTAGRAPHICS, INC.

Bill My Credit Card

VISA    Mastercard    Discover

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

*(Names and email addresses will NOT be shared and will be held in strict confidence and security.)*