

**Yes!** I want a \$10 Home Subscription

the **BRONX** FREE PRESS

**the community's bilingual newspaper**



**el periódico bilingüe de la comunidad**

Please fill out form and mail it to: 5030 Broadway, Suite 801, New York, NY 10034  
Cash, checks, and credit cards accepted. Please make checks payable to Manhattan Times.

**I would like to have the Bronx Free Press sent to me every week:**  
(Please write clearly)

Me gustaría que me enviaran el Bronx Free Press  
cada semana: (Por favor escriba claramente)

**Signature (Very Important)**  
Firma (Muy Importante)

**Date:**  
Fecha:

**Name**  
Nombre

**Building Number and Street Name**  
Número de edificio y nombre de la calle

**Apt. #**  
Número de apartamento

**Zip Code**  
Código postal

**Name (as displayed on card)**  
**Credit Card Information**

**Card Type and Number**

**Security Code**

**Expiration Date**