



Safe Delivery Safety Kit

Protect your delivery staff today!

Restaurant Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____ E-Mail: _____

of Kits: _____ Total Cost (\$25 per Kit): _____

If you wish to PAY BY CHECK:

Please mail this form with your check or Money Order made payable to:

New York State Restaurant Association
1001 Avenue of the Americas, 3rd Floor
New York, NY 10018
ATTN: Sophie Bruschi

If you wish to PAY BY CREDIT CARD:

Please enter you information and fax this form to 212-398-9650 ATTN: Sophie
 AMEX VISA MASTERCARD
 DINNERS CLUB DISCOVER

Card No. _____

Exp. Date (mm)____/(yy)____

Name of Cardholder: _____

Signature: _____

I hereby authorize NYSRA to charge my card for the fees Total Cost provided above.



For further information regarding NYSRA's Safe Delivery Program contact

Sophie Bruschi at Sophie@NYSRA.net or 212-398-9160 ex. 201