

ORDER FORM

Name _____
(First) (Maiden) (Last) (Year)

Address _____

City/State/Zip _____

Phone () _____ **ID#** _____

Email _____

Let us know if you would like any items sent to another address.

Item Name	Item #	Size	Color	Quantity	Unit Price	Total Price
Shipping & Handling for 1-3 items						\$5
Add \$5 Shipping & Handling for additional items						
Total amount due						\$

Check (payable to Alumnae of CST) # _____

VISA / MC # _____ - _____ - _____ - _____

Exp _____

Signature
