

* * CST MERCHANDISE – ORDER FORM * *

Name _____

(First) (Maiden) (Last) (Year)

Street Address _____

City/State/Zip _____

Phone () _____ Alum ID# _____

E-mail _____

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

TODAY'S DATE: ____/____/____

Item Name	Item #	Size	Color	Quantity	Unit Price	Total Price
Shipping & Handling for 1-3 Items						\$10.00
3 or more items for S & H call for estimate						
Total Amount Due						\$

Cash \$ _____

Check # _____

Visa/MC/Discover # _____/_____/_____/_____ Exp. Date ____/____

Signature _____

 FOR OFFICE USE: date mailed: ____/____/____ CC approval #: _____

Recorded in: Transactions ____/____/____ QB ____/____/____ QB Inventory ____/____/____

ALUMNEA OF CST, 357 GOULD STREET, WINONA, MN 55987 507-454-2930 www.cstalums.org

revised 2/2018