

ORDER FORM

DONOR RELATIONS COMMITTEE

NAME: _____ PHONE: _____

SHIP TO ADDRESS: _____

CITY, STATE, ZIP: _____

INSTRUCTIONS: Please indicate size & quantity of each item ordered. ALL merchandise will be identified with the " Donor Relations Committee " Logo. Please allow 2-3 weeks for delivery by UPS or Priority Mail.

DESCRIPTION	Circle Color Selection	SIZE	QTY.	\$PRICE	\$ TOTAL
POLO SHIRT SHORT SLEEVE	BLACK or WHITE or STONE			\$ 30.00	
Style D120					
+ POCKET				\$ 5.00	
+ NAME				\$ 5.00	
+ TEMPLE NAME				\$ 5.00	
				Sub-Total	
+ Shipping/Handling	\$5.00 plus 5% of Invoice TOTAL			Shipping	
				TOTAL	

NOTE: Please enclose Personal Check Payable to " THE LOGO DEPOT " .

CREDIT CARD #: _____ EXPIRATION: _____

SEND ORDERS BY MAIL: **THE LOGO DEPOT**
3360 Hwy. 76 West
HIAWASSEE, GA 30546

PHONE: 888-272-7388
FAX: 706-896-1962