



Developmental Service Center

1304 West Bradley Avenue
Champaign, Illinois 61821-2035
Phone 217-396-7722
Fax 217-398-0455

Fund Raising Apron ORDER FORM

1 Fill out ordering information.

| | | | |
|--------------------|---------------|---------------|-----------|
| Council Name & No. | _____ | Daytime Phone | _____ |
| PLEASE PRINT | Address _____ | () _____ | - _____ |
| | City _____ | State _____ | Zip _____ |

2 Include shipping information.

| | | | |
|-------------------------|---------------|---------------------------------|-----------|
| Date Ordered | _____ | Date required | _____ |
| (Shipping Address Only) | Ship to _____ | Allow 3 to 4 weeks for delivery | |
| (No P.O. Box) | Address _____ | State _____ | Zip _____ |
| | City _____ | | |

3 Select a standard message to be printed on the aprons.

Note: Printing is to be in **Royal Blue** and apron piping is in **Royal Blue** also.

Lifesavers for Life

5 Decide on quantity and calculate cost.

| | | |
|------------------------------------|----------------|----------------------|
| Number Ordered | Cost per Apron | Order Subtotal |
| <input type="text"/> | X \$7.25 = | <input type="text"/> |
| + Handling Charge | | \$9.00 |
| + \$40 Set-up (special order only) | | <input type="text"/> |
| ORDER TOTAL | | <input type="text"/> |

Please send your order form along with a check made payable to **Developmental Services Center.**
(No Credit Cards Accepted)

Please fill out the bottom of this form and detach to retain for your file.

Authorizing Signature

Rev 5-05
Rev 5-05

Send in this order form with your check.
Keep this lower portion for your record.

Fund Raising Aprons Were order from Developmental Service Center



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Date Ordered _____

Quantity Ordered _____

Check Number _____

Check Amount _____

Lifesavers for Life