



# Developmental Services Center

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

# Fund Raising Apron ORDER FORM

## 1 Fill out ordering information.

Council Name & No. \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Address \_\_\_\_\_ ( ) - \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PLEASE  
PRINT

## 2 Include shipping information.

Date ordered \_\_\_\_\_ Date required \_\_\_\_\_

Allow 3 to 4 weeks  
for delivery

(Shipping address only) Ship to \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(No P.O.  
Box)

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

- |  |  |
|--|--|
| <input type="checkbox"/> HELP MENTALLY<br>HANDICAPPED CITIZENS         | <input type="checkbox"/> AYUDE A PERSONAS IMPEDIDAS<br>MENTALMENTE |
| <input type="checkbox"/> HELP HANDICAPPED CITIZENS                     | <input type="checkbox"/> AYUDE A LOS IMPEDIDOS                     |
| <input type="checkbox"/> HELPING PEOPLE WITH INTELLECTUAL DISABILITIES |  |

## 4 Or choose to customize the aprons with your own message.

**Special order aprons** (printed with your own message) require an additional set-up charge of **\$40.00** per order, with a minimum order of **50** aprons. Allow **6 to 8** weeks for special order production.

Print your message here \_\_\_\_\_

Call for availability of other choices that are in stock.

## 5 Decide on quantity and calculate cost.

Number Ordered      Cost per Apron      Order Subtotal

× \$7.25 =

+ Handling Charge      \$9.00

+ \$40 Set-up  
(special order only)

**ORDER TOTAL**

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