DEVELOPMENTAL SERVICES CENTER

FUND RAISING APRON ORDER FORM



1304 W. BRADLEY AVE

CHAMPAIGN IL 61821-2035

Phone 217-398-356-9176 email kray@dsc-illinois.org (email is for inquiries and for state council orders)

| ORDER INFORMATION | DATE ORDERED | DATE REQUIRED |
|--|--------------|-------------------------------------|
| SHIP TO | | (council number and name) |
| ADDRESS | | |
| CITY | STATE | ZIP |
| Phone number | | Please allow 3-4 weeks for delivery |
| SHIPPING INFORMATION | DATE ORDERED | DATE REQUIRED |
| SHIP TO | | |
| ADDRESS | | |
| CITY | STATE | ZIP |
| | | |
| Please choose your message | | |
| Helping People with Disabiliti | ies | |
| Helping People with Intellectual Disabilities | | |
| Ayudando a las personsa con incapcidades intelectuales | | |
| | | |
| Calculate cost | | |
| # of APRONS | X 8.50= | _ |
| + HANDLING CHARGE | = \$12.00 | |
| TOTAL FOR ORDER | | _ |
| Please submit your form and check to the above address. NO CREDIT CARDS ARE ACCEPTED | | |
| Please make a copy of this order for your records. | | |