



Developmental Services Center

1304 West Bradley Avenue
Champaign, Illinois 61821-2035
Phone 217-356-9176
Fax 217-398-0455

Fund Raising Apron ORDER FORM

1 Fill out ordering information.

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

2 Include shipping information.

Date ordered _____ Date required _____

(Shipping address only) Ship to _____
Address _____
(No P.O. Box) City _____ State _____ Zip _____
Allow 3 to 4 weeks for delivery

3 Standard message to be printed on the aprons.

HELPING PEOPLE WITH DISABILITIES

PLEASE CALL FOR AVAILIBTY OF ANY APRONS NOT LISTED

4 Decide on quantity and calculate cost.

Please send your order form along with a check made payable to **Developmental Services Center.**

(No Credit Cards Accepted)

Number Ordered	Cost per Apron	Order Subtotal
<input type="text"/>	<input type="text" value="\$8.50"/>	<input type="text"/>
	· Handling Charge	<input type="text" value="\$12.00"/>
ORDER TOTAL		<input type="text"/>

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

Authorizing Signature

Rev. 10-14

Send in this order form with your check.

Fund Raising Aprons
were ordered from

Keep this lower portion for your records.

Date Ordered _____

Quantity Ordered _____

Check Number _____

Check Amount _____

HELPING PEOPLE WITH DISABILITIES



Developmental Services Center

1304 West Bradley Avenue
Champaign, Illinois 61821-2035
Phone 217-356-9176
Fax 217-398-0455