



# 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"/>
<b>ORDER TOTAL</b>		<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 \_\_\_\_\_

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