IAHCE SALES ORDER FORM

| Name | Date _ | _ Date | | | |
|---------------|------------------|----------------------|------------|-------|--|
| Address | Phone () County | | | | |
| City and Zip | | | | | |
| Date Needed | e-Mail | | | | |
| Item Name | Color | Qty. | Price Each | Total | |
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| www.iahce.org | Subtotal | | | | |
| | | Postage & Handling.* | | | |
| | TOTAL | | | | |

Certified Volunteer Hours / Sales Ashley Davis 1787 N. 1750th St. St. Elmo, IL 62458 Cell: 618-704-9062 dadavis8755@gmail.com

Please state on your order if you need the items by a certain date. Contact your Sales Chairman if you have not received the order after two (2) weeks.

^{*} Postage and handling will be figured and added to subtotal by the Sales Chairman.

Mail or e-Mail order to the Sales Chairman whose name and address is listed on page 1 of the Guidebook.

Upon receipt of your order, remit a check made payable to IAHCE, to the Sales Chairman.