

2011 - 2012
DEPARTMENT CANCER PIN
ORDER FORM

****Please note that *you* are responsible for all monies for pins ordered or received****

DISTRICT: _____

AUXILIARY#: _____

MEMBER NAME: _____
PLEASE PRINT

ADDRESS: _____

_____ CITY

STATE

ZIP CODE

PHONE NUMBER: _____
Please remember the AREA CODE

_____ Bag(s) of 25 @ \$75.00 ea = _____

POSTAGE: ADDITIONAL \$5.00 _____

Total: \$ _____

**** MAKE CHECKS PAYABLE TO: LAVFW MO**

MAIL TO: Betty Akers, Cancer Pin Chairman
7805 E. 99th St
Kansas City MO 64134

Date Paid: _____

Check #: _____

Cash: _____