



Friends for All Seasons 2019 Calendar Order Form

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell Home Business

Email _____

Please check if you do NOT wish to receive email correspondence from DSAGSL.



DSAGSL "Friends for All Seasons" 2019 Calendars (9" x 12")

Quantity _____ x \$10 each = \$ _____

I will pick up my order at the DSAGSL office (after October 1, 2018)

Yes, ship to me at \$2 per calendar = \$ _____

Total Amount = \$ _____

Payment Method: Cash _____ Check# _____ Credit Card _____ (fill-out box below)
(Checks can be made out to: DSAGSL)

Credit Card Type - Visa MasterCard Discover AmerEx

Card Number _____

Exp Date _____ Sec. Code _____

Billing Address (If different from above) _____

Signature _____