✱ CST MERCHANDISE - ORDER FORM ✱

Name _____
(First) (Maiden) (Last) (Year)

Street Address _____

City/State/Zip _____

Phone ( ) _____ **ID#** _____

E-mail _____

Let us know if you would like any items sent to a different address.

TODAY's DATE: _____/_____/_____

Item Name	Item #	Size	Color	Quantity	Unit Price	Total Price
Shipping & Handling for 1-3 items						**$ 7**
Add $5 Shipping & Handling for more than 4 items (or call for estimate)						
Total amount due						**$**

CASH $_____ **Check #** _____

VISA/MC # _____ - _____ - _____ - _____ **Expiration Date** _____ **/** _____

Signature _____

FOR OFFICE USE:

date mailed: _____/_____/_____ *CC approval #:* _____

Recorded in: ***T*** *Transactions* ___/____/_____ ***QB*** *CST* ___/____/_____ *QB-**I** Inventory* ___/___/_____

ALUMNAE OF CST, 357 Gould Street, Winona, MN 55987 507-454-2930 ***www.cstalums.org*** **rev 2/2011**