



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 _____ Allow 3 to 4 weeks for delivery
 (No P.O. Box) Address _____
 City _____ State _____ Zip _____

3 Standard message to be printed on the aprons.

- HELPING PEOPLE WITH DISABILITIES AYUDANDO A LAS PERSONAS CON
 HELPING PEOPLE WITH INTELLECTUAL DISABILITIES INCAPACIDADES INTELECTUALES

PLEASE CALL FOR AVAILIBTY OF ANY APRONS NOT LISTED

4 Decide on quantity and calculate cost.

Number Ordered	Cost per Apron	Order Subtotal
<input type="text"/>	\$8.50	<input type="text"/>
+ Handling Charge		\$12.00
ORDER TOTAL		<input type="text"/>

Please send your order form along with a check made payable to **Developmental Services Center**.
(No Credit Cards Accepted)

Please fill out the bottom of this form and detach to retain for your file.

Authorizing Signature

Rev. 10-14
Rev. 10-14

Send in this order form with your check.
Keep this lower portion for your records.

Fund Raising Aprons were ordered from

Date Ordered _____
 Quantity Ordered _____
 Check Number _____
 Check Amount _____



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