



Developmental Services Center

1304 West Bradley Avenue
Champaign, Illinois 61821-2035
Phone 217-398-7722
Fax 217-398-0455

Fund Raising Apron ORDER FORM

1 Fill out ordering information.

Organization _____

Council Name & No. _____ Daytime Phone _____

() - _____

PLEASE
PRINT

Address _____

City _____ State _____ Zip _____

2 Include shipping information.

Date ordered _____ Date required _____

(Shipping address
only - no P.O. Box)

Ship to _____

Allow 3 to 4 weeks
for delivery

Address _____

City _____ State _____ Zip _____

3 Select a standard message to be printed on the aprons.

- HELP MENTALLY HANDICAPPED CITIZENS (ENGLISH AND SPANISH)
- HELP HANDICAPPED CITIZENS (ENGLISH AND SPANISH)
- HELPING PEOPLE WITH INTELLECTUAL DISABILITIES (ENGLISH ONLY)

4 Or choose to customize the aprons with your own message.

Special order aprons (printed with your own message) require an additional set-up charge of **\$40.00** per order, with a minimum order of **50** aprons. Allow **6 to 8** weeks for special order production.

Print your message here _____

5 Decide on quantity and calculate cost.

Number Ordered	Cost per Apron	Order Subtotal
<input type="text"/>	<input type="text" value="\$7.25"/>	<input type="text"/>
+ Handling Charge		<input type="text" value="\$9.00"/>
+ \$40 Set-up (special order only)		<input type="text"/>
ORDER TOTAL		<input type="text"/>

Please send your order form along with a check made payable to **Developmental Services Center**.

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

Authorizing Signature

Rev. 4-1-01
Rev. 4-1-01

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 _____

- HELP MENTALLY HANDICAPPED CITIZENS (ENGLISH AND SPANISH)
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