

ORDER FORM – Please clip this part & return with payment no later than
December 10, 2011

TO: Heather Brice, 116 Luna Lane, Johnstown, PA 15904

Name: Purchaser _____ Phone _____ (required)
Address: _____

Name: Gift Delivery To _____ Phone _____ (required)
Address: _____

Item	Quantity	Item Description	Unit Price	Total
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*Decorative Colors - Please circle color, but note due to supply & demand décor may vary from photo

A.	_____	Fresh Pine Swag * Decorative colors; Plaid Red Silver Gold	\$30.00	\$ _____
B.	_____	Basket of Joy *Decorative colors; Red Silver Gold	\$30.00	\$ _____
C.	_____	Carnation Centerpiece *Decorative colors: Red Silver Gold	\$30.00	\$ _____
D.	_____	Double Candle Centerpiece *Decorative colors: Red, Silver Gold	\$30.00	\$ _____

Gift Delivery Card Message _____

Delivery Date _____ 10-12am; 12-2pm or call Florist 288-1801 (please circle)

Please make checks payable to JSO Auxiliary (Visa/MasterCard only accepted with \$4 processing fee) Name on Card _____

Card No. _____ **Exp Date** _____