



'RECYCLE YOURSELF' T-SHIRT ORDER FORM

Credit card payments: forms may be faxed to Heidi Schaiberger at 303-300-9012

CONTACT INFORMATION

First Name: _____ Last Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Primary Phone: () _____ - _____ Home () Cell () Work () Other ()

Alt. Phone: () _____ - _____ Home () Cell () Work () Other ()

T-SHIRT OPTIONS (Please indicate desired t-shirt quantity below):

Youth Medium: _____ Adult Small: _____ Adult Medium: _____

Adult Large: _____ Adult X-Large: _____ Adult XX-Large: _____

TOTAL Quantity: _____ (x \$10) = TOTAL Due: \$ _____

PAYMENT OPTIONS (VISA, MC, DISCOVER, check or money order):

Name on card: _____ CC# _____ Exp. Date: _____

VISA

MasterCard
(circle one)

Discover

Please make check or money order payable to **Donor Alliance** and mail to:

Donor Alliance, Attn: Heidi Schaiberger, 720 S. Colorado Blvd., Suite 800-N, Denver, CO 80246

PLEASE NOTE: ALL ORDERS WILL BE PROCESSED AND DELIVERED WITH 6-8 WEEKS.