

T-SHIRT ORDER FORM Email or mail completed forms to:

laura@unitedwaypoco.org 2801 Hoover Rd. Unit 2 Stevens Point, WI 54481

715-341-6740

CUSTOMER INFORMA	ATION	
NAME:		
ORGANIZATION:		
EMAIL:		
PHONE:		
DATE:		
PAYMENT METHOD		
	\$	S
Cash	Check	Bill My Organization
*Ilnited Way Staff will fo	llow un with additional information on tir	ning and dolivory/nickun





Name(s)	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult XL	Adult 2XL	Shirt #	Total Cost
									Order total:	

Special Instructions:			