



# 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
<b>ORDER TOTAL</b>		<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  
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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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