



Funcoast Literature Short Order Form - Month: _____
Please Print Legibly or Type

Group/Member: _____

Contact Person: _____ **Phone Number:** _____

Meeting Place: _____

Meeting Day & Time: _____

| Description | Item # | Quantity | Price | Total |
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Total Literature Order \$ _____

ASC Donation \$ _____

Grand TOTAL \$ _____

Amount Paid: _____ **Date:** _____ **Treasurer's Initials:** _____ **Verification Initials:** _____

