



## CUSTOMER ORDER FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Attention : \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please send me \_\_\_\_\_ Zachor Remembrance Pins

We will be distributing the pins on: \_\_\_\_\_

We will be distributing the pins for: \_\_\_\_\_

Presentation will be made by: (name of speaker): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

*For office use only*

Ship Date: \_\_\_\_\_ Ship Via: \_\_\_\_\_ Tracking #: \_\_\_\_\_ By: \_\_\_\_\_

Ph: (702) 949.9887

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