

# 2020–2021 Order Form

Billing Information	
Name	
Title	
School/Church <small>(if applicable)</small>	
Address	
City	
State	Zip
Daytime Phone (            )	
Fax (            )	
Email	

Shipping Information	
<input type="checkbox"/> Check if same as Billing Information	
Name	
Title	
School/Church <small>(if applicable)</small>	
Address	
City	
State	Zip
Daytime Phone (            )	
Email	

Payment Information	
<input type="checkbox"/> Check enclosed payable to Positive Action for Christ	
<input type="checkbox"/> Charge existing Positive Action for Christ customer account <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	
Purchase Order Number <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span></div>	
Account Name	
Charge my <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Card Number <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span></div>	
Expiration Date <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><span></span><span></span><span></span><span></span><span></span><span></span></div>	
Signature	
Print name	

