



MAIL ORDER FORM

CD Cassette

Please Print Clearly

Name

Address

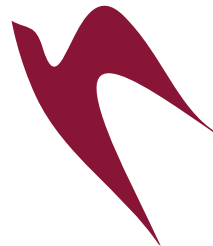
City State Zip

Phone

Date _____ QTY. _____ x \$4.00 = _____

Date _____ QTY. _____ x \$4.00 = _____

Date _____ QTY. _____ x \$4.00 = _____



Pre-Paid Only – \$4.00 each

Please Make Checks Payable To:
Valley Christian Center

Allow 2 weeks for mailing

Total Amount Enclosed:
\$ _____