GASPARD°

Ordering Worksheet

Billing Information:		Ship To: If mailin	ng address is a P.O. Box, plea	se provid	le delivery	address.
TITLE NAME		TITLE NAM	ИЕ			
CHURCH OR ORGANIZATION NAME		CHURCH NAME				
STREET ADDRESS		STREET ADDRESS (V	WE CANNOT SHIP TO A P.O. B	OX)		
CITY STATE ZIP () ()		CITY	STATE		ZIP	
PHONE FAX						
SYNOD OR DIOCESE E-MAIL (We promise to never share or sell your e-mail address.)			Please check this box if thi via telephone. Gaspard is n lers.			
PAGE ITEM 4 FARRIC NAME COLOR SIZE	BACK LENGTH	ITEM DESCRIP	PTION	QTY	UNIT PRICE	TOTAL PRICE
NO.	LENGTH				FRICE	FRICE
					Subtotal	
Payment Method ☐ Check Enclosed ☐ Invoice Church or Institution	Shipping & Handling*					
☐ Credit Card (please circle one)	Non-exempt Wisconsin Residents Only					
MasterCard VISA American Express Discover			5.1% Sales Tax Total Amount			
CREDIT CARD NUMBER EXP. DATE			Less Deposit** Balance Due			
SIGNATURE			* Please see chai			alculata
3 OR 4 DIGIT SECURITY CODE ON BACK OF CARD:			your Shipping o	and Han	dling ch	arges.
Mail to:			A \$5 processing orders under \$5		ıı ve aaa	ea 10
Gaspard, Inc. Order Processing Department 200 N. Janacek Road, Brookfield, WI 53045	** 50% deposit required on all orders of \$500 or more.					
			Sales to individ	luals mu	ıst be pa	id in ful