

PAL MERCHANDISE

ORDER FORM

BILLING INFORMATION:

Name: _____ Org/School/ISD: _____

Billing Address: _____
Street City State Zip

Phone: _____ Fax: _____ Email: _____

Shipping Address: *(If different from above)*

_____ Street City State Zip

		Please specify size		Price Per Item	Quantity	Total
		S M L XL 2XL 3XL				
SHORT SLEEVE SHIRTS						
Lt Blue	QTY			\$10	_____	= _____
Dark Green	QTY			\$10	_____	= _____
Lt Grey	QTY			\$10	_____	= _____
Charcoal	QTY			\$10	_____	= _____
Purple	QTY			\$10	_____	= _____
Navy	QTY			\$10	_____	= _____
Turquoise	QTY			\$10	_____	= _____

LIMITED EDITION SHIRTS									
		S M L XL 2XL 3XL							
Red- TieDye	QTY			X	X	X	\$15	_____	= _____
Neon Yellow	QTY				X	X	\$15	_____	= _____
Pink Camo	QTY		X	X	X	X	\$10	_____	= _____

SWEATSHIRTS									
		S M L XL 2XL 3XL							
Red with Logo	QTY						\$20	_____	= _____
Blue with Logo	QTY						\$20	_____	= _____
Grey with Logo	QTY						\$20	_____	= _____
Black with Logo	QTY						\$20	_____	= _____

OTHER ITEMS						
PAL stickers				\$1	_____	= _____
Lanyard w/logo				\$3	_____	= _____
PAL Patches				\$3	_____	= _____
PAL Sunglasses				\$4	_____	= _____
Graduation Cords				\$10	_____	= _____
Tory Buttons				2 for \$1	_____	= _____
Wristbands (blue)				\$4	_____	= _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:

WORKERS ASSISTANCE PROGRAM, INC.
 4115 FREIDRICH LANE, SUITE 100
 AUSTIN, TX 78744
 Fax: (512) 345-5366

SUB TOTAL = _____
15% SHIPPING = _____
TOTAL: = _____

PLEASE ALLOW 2 WEEKS FOR PROCESSING.

QUESTIONS? Please contact PAL@Services at (800) 522-0550 or contact@palusa.org.