



FLIGHT FOR LIFE

Windsock Order Form

Please fill out the form below. Include your check, credit card information or PO number and mail to:

FLIGHT FOR LIFE

Attn: Marketing
 2661 Aviation Road
 Waukesha, WI 53188 or FAX to (414) 778-5431

Payment must be included with order form.

PLEASE PRINT CLEARLY

Department or Hospital Name: _____

Contact Name: _____ Phone Number: (____) _____

Shipping Address: _____

Item	Quantity	Cost, each	Total
Small Windsock (18" x 5')		x \$60 per windsock	\$
Large Windsock (18" x 8')		x \$75 per windsock	\$
Shipping (per windsock)		x \$5 per windsock	\$
TOTAL			\$

For Internal Use Only

Date Received: _____

Date Sent: _____

Via: _____

Other: _____

Payment Information

Check Enclosed

PO # _____

Credit Card

Credit Card Information: Visa Mastercard

Amount Remitted:	
Credit Card Number:	
Expiration Date:	
3-Digit Security Code:	
Signature:	