Alcoholics For Christ Catalog Order Form

Ship to:

Name _____

Address _____

_____

City _____ State _____ Zip _____

Daytime phone ( ) _____

E-Mail Address _____

Method of Payment (check one):

☐ Cashier's Check or Money Order (enclosed) ☐ Personal check (enclosed)

Please make checks payable to: Alcoholics for Christ

☐ MasterCard ☐ VISA ☐ Discover

Credit Card Number

M M Y Y
Expiration Date

_____
Cardholder Signature

Alcoholics for Christ
1316 N. Campbell Rd.
Royal Oak, MI 48067
www.alcoholicsforchrist.com
Phone: 248.399.9955 or
800.441.7877
Fax: 248.399.1099

Item Number	Quantity	Description & Size (where applicable)	Donation	Total

Thank you for your order!

Please contact the office for Shipping & Handling charges

For delivery outside the continental U.S., please call the A/C office for instructions

Please allow 15 days for delivery

Merchandise total	
Shipping & Handling	
Subtotal	
Donation to help with A/C expenses	
Total Amount	

Your donation is very much appreciated. THANK YOU!