NAME TAG ORDER FORM

District Ozark _____ Delta _____ Ouachita _____

County _____

Date _____

Total Number of Name Tags Ordered _____ x $5.75 = $ _____

(Make check payable to the Arkansas Extension Homemakers Council.
Send only one check. Orders with more than one check will be returned.)

Type or print clearly the names **EXACTLY** as they are to be printed on the name tags.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Name of Person to Receive the Order _____

Address _____

City, State, ZIP Code _____