



CHEMPI ORDER FORM

70-YEAR PINS



Name: _____ Phone #: _____

Lodge Name: _____ Lodge #: _____

Member #: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Quantity				
_____	X	\$40.00	\$ _____	70-Year Pin Set (includes 50-year pin)
_____	X	\$30.00	\$ _____	70-Year Pin ONLY
Grand Total:			\$ _____	

Credit Card No.: _____

Expiration Date: _____ 3-Digit CVV: _____

Billing Address Same? (Circle One) Yes or No

Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Taken by: _____ Date: _____
(Initials)

Charged by: _____ Date: _____
(Initials)

Shipped by: _____ Date: _____
(Initials)

Copy to Wanda: _____

Copy to Cindy: _____