

APWU Memorial T-shirt Order Form

Place your order early. This is a limited-time offer contingent upon response.

Name: _____ Telephone: _____
Shipping Address: _____ Email: _____
_____ Street _____
_____ Street _____
_____ Local / State Org: _____
_____ Best Hours to Contact: _____
City, State, Zip Code _____

Indicate quantity on the line prior to the size(s). Be sure to mark the correct style line.

Short Sleeve: ___ Sm ___Md ___L ___XL ___2XL ___3XL ___4XL ___5XL

Sleeveless: ___ Sm ___Md ___L ___XL ___2XL ___3XL ___4XL ___5XL

Total shirts ordered: ___ at \$20 each Total payment enclosed: \$_____
Make check or money order payable to APWU

Submit order form and payment-in-full to: APWU
Human Relations Department
1300 L Street, NW
Washington, D.C. 20005

Office Use Only

Order #: _____

Order Received: _____ Placed with Vendor: _____ In-House: _____

Method of Payment: _____ Amount: _____ Batch: _____

Shipping Date: _____ Tracking #: _____

Notes: