



2016 Custom Holiday Cards Order Form

Quantity of Cards: (circle one) 250 for \$750 500 for \$1000 750 for \$1300 1000 for \$1500

Details for the order:

Logo incorporated: Yes No

Suggested Design type: (ie: angel, reindeer, santa, etc...) _____

Color scheme: _____

Additional Notes: _____

(3) PAYMENT OPTION AVAILABLE:

(1) Please make check payable to the:

Children's Cancer Center and mail to -
Children's Cancer Center
c/o Susan Stockard (Custom Cards)
4901 West Cypress St.
Tampa FL 33607

(2) Please charge my credit card:

Card Number: _____ **Please include cc fee:** Yes No _____

Expiration Date: _____ **CVV Security Code:** _____

Billing Address: _____

Billing City, State, & Zip Code: _____

Name as appears on card: _____



(3) Please Invoice:

Company: _____

Company Representative: _____

Billing Address: _____

City, State, Zip: _____

Company Representative

Signature/Date: _____ / _____

CCC Representative

Signature/Date: _____ / _____