

ORDER FORM - BLUE STAR MEMORIAL MARKERS

HIGHWAY MARKER____ MEMORIAL MARKER____ BY-WAY MARKER____

ORDERED BY: _____

(Club or District)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ E-MAIL _____

SHIP TO: _____

(Business address receiving during normal business hours)

CONTACT NAME _____

TELEPHONE _____

HIGHWAY OR MEMORIAL MARKER INSTRUCTION:

1. Clearly type or print exact name(s) for the following.
2. Letters must be in Upper & Lower case conventions.
3. Use only 4 out of the 5 lines below, 43 spaces each line maximum

SPONSORED BY

IN COOPERATION WITH

AND

BY-WAY MARKER INSTRUCTIONS:

1. Clearly type or print Club or District name(s).
2. Letters must be in Upper & Lower case conventions.
3. Maximum spaces: one line 19 one-inch letters, two lines 28 five eighths inch letters

ORDER APPROVED BY: (Signatures)

State Chairman _____ Date _____

State President _____ Date _____

National Chairman _____ Date _____

MAKE CHECK PAYABLE TO SEWAH STUDIOS

State Chairman will mail check & order forms in triplicate to NGC Chairman