

Mokelumne Hill Volunteer Firefighters Assoc. REFLECTIVE ADDRESS SIGN ORDER FORM



CONTACT INFORMATION:

Name: _____

Physical address: _____

City, State, ZIP: _____

Best number to reach you: _____

Email address: _____

ADDRESS NUMBER (ex: 8716):

[] [] [] [] []

NUMBER OF SIGNS (please circle or check):

[] 1 [] 2 [] 3 [] Split driveway

TAX DEDUCTIBLE DONATION - CHECK PREFERRED, OR CASH:

\$20/sign x [___] (# of signs) = \$_____ amt enclosed

SUBMIT THIS FORM:

Make checks payable to Mokelumne Hill Volunteer Firefighters Association
Mail or deliver to: PO Box 141 / 8160 Church Street, Mokelumne Hill CA 95245

Your sign(s) will be ready for pickup in 3 to 4 weeks - we will contact you at the number provided above. Please call (209) 286-1389 with questions.

For Association use only:

Received date: _____ By: _____

Completed date: _____ By: _____

Called date: _____ Note: _____