

MEMBER PUBLICATION ORDER FORM

			QUANTITY	TOTAL
O Drought Door Hangers)*	\$
O Drought Bill Stuffers		PDF will be sent v	via email for CPS	SA members
O Drought Fact She	et	PDF will be sent v	via email for CPS	SA members
*Cost includes shipping.				
Name		Company/Organization	1	
Street Address		City, State Zip		
Phone	Fax	E-mail		e Accept:
Check: \$	(payable to CPSA)		V	_
Credit Card: \$				
O and I'll O and Manada and			E visitis Del	
Credit Card Number:	·		Expiration Dat	e:
Cardholder Name: _			Security Code:	
Authorization Signatu	ure:			
Billing Address:				
City State 7in				

Thank You for Your Support!

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