## Castern Christian Bulletin Service Order Form

Shipping Address:	Church Name:	
	Street:	
	•••	
	State:	Zip:
Invoice Address:	Church Name:	
(if different)	Street:	
	City:	
Contact:	State: Contact	Zip:
	Phone:	
	Email	
Order Quantity:	• `	8 week batches) Qty each week:  Please order in multiples of 25 r copy - \$0.56 per copy for eight weeks)
	Easter Sund Holy Week I Sunday Befo Sunday Aftel	y @ \$0.07 each ay @ \$0.07 each nsert @ \$0.16 ore Christmas @ \$0.07 each r Christmas @ \$0.07 each heophany Insert @ \$0.16
PLEASE SPECIFY ONE OF THE FOLLOWING:  Revised Julian Calendar  Gregorian Calendar		
Credit Card Payme	nt (optional)	
Please charge the fo	ollowing credit card	for my bulletin covers order when each batch is he charge is processed.
Credit Card #		Expiration Date:
Var. will be invaiged for vary first betch abinment often ander in received		

You will be invoiced for your first batch shipment after order is received.