

Amt Pd: _____ Mo/Yr: _____
Order Received Date: _____
Order Completed Date: _____
For Administrative Use Only

# Lathrup Village TimeBank Order Form

Please **complete and sign** this form and **mail** with your **Check** made payable to **Lathrup Village TimeBank** to:

Lathrup Village TimeBank  
27590 California Dr. SE  
Lathrup Village, MI 48076

*\*Please provide all information below so that we may complete your order promptly and completely.  
For more info call Kim Hodge at 248-424-7455*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Check if Shipping Address is different than Mailing

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description / Size	Price	Quantity	**Shipping	Total
LVTB Short Sleeve Tee - Small	\$12.00		\$ 2.95	
LVTB Short Sleeve Tee - Medium	\$12.00		\$ 2.95	
LVTB Short Sleeve Tee - Large	\$12.00		\$ 2.95	
LVTB Short Sleeve Tee - X-Large	\$12.00		\$ 2.95	
**include shipping for each item if not picking up locally			<b>Grand Total:</b>	

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_