

REFLECTIVE ADDRESS SIGN ORDER FORM

Lower Milford Fire Co.
PO Box 1
Limeport, PA 18060

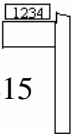
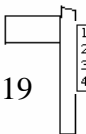
Please PRINT legibly.

Name _____

Address _____

City _____ State _____

Zip _____ Phone (____) _____ - _____

Circle one: Horizontal - \$15  or Vertical - \$19 

You must pay up front in cash, check or Money Order. You will be able to pick up sign on Monday nights between 7:00 PM and 9:00 PM at the Lower Milford Fire Company Truck Room or at the next Fire Co. Pork & Saurkraut Dinner (second Thursday of the month).
THANK YOU!!

For Office Use Only:

Payment Type: Cash Money Order Check # _____

Received by: _____

Make check payable to *Lower Milford Fire Co.* and send to the above address.

RECEIPT

for
Reflective Address Sign

Quantity: _____ x \$ _____ = Total \$ _____