

# T-shirt Order Form

**Build team spirit with T-shirts for your team. Put your company logo on the shirts or your team name printed on the back at no extra charge!**

**LAST DATE TO ORDER IMPRINTED T-SHIRTS is Friday, April, 6, 2012!  
Minimum for imprint on back - 12 T-shirts**

\_\_\_\_\_  
Team Name or Company logo (as you want it to appear on the t-shirt)

\_\_\_\_\_  
Team Leader

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number

Size	Quantity	Price	Total
Youth S	_____	\$10 each	\$_____
Youth M	_____	\$10 each	\$_____
Youth L	_____	\$10 each	\$_____
Adult Small	_____	\$10 each	\$_____
Adult Medium	_____	\$10 each	\$_____
Adult Large	_____	\$10 each	\$_____
Adult X-Large	_____	\$10 each	\$_____
Adult XX-Large	_____	\$10 each	\$_____
<b>Total</b>	_____		<b>\$_____</b>

**Payment Method (Due at time of order)**

Check payable to Children's Hospital Foundation       Visa       MasterCard       AmEx

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Account Holder's Phone Number

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
CVC Code

\_\_\_\_\_  
Expiration Date

**RETURN THIS FORM TO: Children's Hospital Foundation,  
100 Woods Road, Taylor Pavilion C-322  
Valhalla, NY 10595  
Phone: 914-493-2575 Fax: 914-493-2350  
www.mfchwalk.kintera.org**