

## Order Form

Name: \_\_\_\_\_ Your Code: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Please print the names and codes of the people to whom you wish to send mishloach manos. You must include the names and codes as they appear on the enclosed list to ensure accurate computer processing. If more space is needed, continue on the back of this sheet.

1. Name	Code
2. Name	Code
3. Name	Code

Price per name: \$6.00 each

Deadline for orders, including payment:

**Sunday, Gimmel Adar Beis, March 10.**

Total number of names: \_\_\_\_\_ Payment enclosed: \$ \_\_\_\_\_

 Reciprocate

Please make checks payable to Oholei Torah PTA.

**CREDIT CARD PAYMENT** Visa  Mastercard  American Express

Name, as it appears on the card

Credit Card #

Expiration Date

3 or 4 digit CVV security code

## Achdus Baskets

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4. Name	Code
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5. Name	Code
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6. Name	Code
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7. Name	Code
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26. Name	Code
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