

2002 IAM Wall Calendar C Bulk Order Form

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CHARGE TO: District Lodge # _____
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QUANTITY ORDERED: _____

SHIP TO: Name _____

District _____ Local _____
(Lodge number must be provided even if a check is sent with order).

Street _____
(No Post Office boxes please).

City _____ State _____ Zip _____

Phone (____) _____

SIGNATURE and SEAL of the Secretary-Treasurer of the Lodge

(seal)

Signature