

"Viking Care Package" Order Form

Spring 2010

Please complete and return to the Housing and Residence Life Office with a check or cash by April 26, 2010.

Date Ordered:

Ordered By

Name:

Address Line 1:

E-mail Address:

Address Line 2:

Telephone Number:

City:

Payment:

Check # _____ Cash

State/Province:

Postal Code:

Country/Region:

Student Information

Name:

Hall/Apt/House:

E-mail Address:

Room Number:

Telephone Number:

	Description			Total
	Care Packs	Quantity	Unit Price	
<input type="checkbox"/>	Care Pack		20.00	
<input type="checkbox"/>	Donated Care Pack		20.00	
<input type="checkbox"/>	Little Ceasar's Pizza		5.00	
<input type="checkbox"/>	Starbucks Gift card		5.00	

Please note the donated care packs line above. By donating care packs you can help brighten another student's day!

Total

Signatures

Sign and print your name.

Signature

Date

**Also, please remember to send a personal note of encouragement for your student, and we will include it with their care pack.*

