

# ORDER BLANK

DATE \_\_\_\_\_

CHAPTER NO. \_\_\_\_\_

SECRETARY \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP \_\_\_\_\_

**INDIANA GRAND CHAPTER, O.E.S.**  
523 ARCHWAY  
FRANKLIN, INDIANA 46131

QUANTITY	FORM NO.	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE

**PLEASE DO NOT SEND CHECK WITH ORDER. WE WILL BILL YOU.**

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