

CD ORDER FORM

DATE: _____

NAME: _____

DATE OF SERVICE: _____

NAME OF SERVICE/EVENT: _____

IF SERVICE HAD MORE THAN ONE CD, CHECK THE CD YOU WANT:

CD# 1 CD# 2 CD# 3

HOW MANY CDS, DO YOU WISH TO PURCHASE? _____

IF CDS ARE NOT AVAILABLE, LEAVE A CONTACT # OR EMAIL ADDRESS AND WE WILL CONTACT YOU: _____

AMOUNT PAID: _____

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