Somebody Cares™ TAMPA BAY

"Hassle Free Backpacks"

P.O. Box 4486, Clearwater, FL 33758 (727) 536-2273
Fax: (727) 461-3985

ORDER FORM

Early Bird Order Deadline - May 29th

(Please note on your order if you need your bags by a certain date)

Filled backpacks ***may*** contain the following school supplies: pencils, paper, ruler, glue stick or tape, erasers, crayons or colored pencils, two-pocket folders and pen.

Pick up time and date will be *by appointment* **July 13th-August 14th**

……………………….Backpack Only ……………………..

Early Bird orders received by 5/29 suggested $6.00 donation		***Orders received from 5/30 to 6/26 - $7.00 donation***		**Orders received after June 27 - $8.00 donation**	
Qty	Amount	Qty	Amount	Qty	Amount
______ Grades K-5	$ ________	_______ Grades K-5	$_______	______ Grades K-5	$_______
______ Grades 6-12	$ ________	_______ Grades 6-12	$_______	______ Grades 6-12	$______
______ **TOTAL**	**$** ________	_______ **TOTAL**	**$**_______	______ **TOTAL**	**$** ________

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……………………Filled Backpack……………………

Early Bird orders received by 5/29 suggested $8.50 donation		***Orders received from 5/30 to 6/26 - $9.50 donation***		**Orders received after June 27- $10.50 donation**	
Qty	Amount	Qty	Amount	Qty	Amount
______ Grades K-5	$ ________	_______ Grades K-5	$ _______	______ Grades K-5	$_______
______Grades 6-12	$ ________	_______ Grades 6-12	$ _______	______ Grades 6-12	$_______
______ **TOTAL**	**$** ________	_______ **TOTAL**	**$**________	______ **TOTAL**	**$** _______

Make checks payable to: *Somebody Cares Tampa Bay-*
IMPORTANT **Checks must be received by the appropriate date to honor the order you are submitting.***

Church/Ministry ____________________________________ Phone ____________________

Name of Contact ___________________________________ Fax ____________________

Address ____ City ______________________

Zip ____________ E-mail ____

Complete the following to pay by credit card: CC# ___________________________ code ______
Name as it appears on the card ____________________________________ exp date __________
Billing Address _____________________________ City __________________ St __________
Phone _________________________ E-mail ____________________________ Zip__________

Fax completed forms to SCTB at (727) 461-3985