

# Astoria Bucks Order Form

Purchaser Name \_\_\_\_\_

Recipient Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount of Certificate \_\_\_\_\_ Quantity \_\_\_\_\_

Amount of Certificate \_\_\_\_\_ Quantity \_\_\_\_\_

Amount of Certificate \_\_\_\_\_ Quantity \_\_\_\_\_

Please enclose a check for the total amount of order.

This form may be used for pre-ordering, for picking up locally or for mail orders from outside Astoria.

Mail to:

Astoria Area Chamber of Commerce

PO Box 215

Astoria, IL 61501-0289