



# AED T-Shirt Order Form



Name: \_\_\_\_\_

Email: \_\_\_\_\_

Size:    \_\_\_ Small  
          \_\_\_ Medium  
          \_\_\_ Large  
          \_\_\_ X-Large  
          \_\_\_ XX-Large

Payment: \_\_\_ Cash   \_\_\_ Check

Officer Initials: \_\_\_\_\_

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Receipt:

Name: \_\_\_\_\_

Payment: \_\_\_ Cash   \_\_\_ Check