

BUY-A-CHAIR

NAME _____
PLEASE PRINT

ADDRESS _____

CITY _____

STATE _____ ZIP _____

DAY PHONE _____

EMAIL ADDRESS _____

I would like to order _____ chairs @ \$25.00 ea. = \$ _____

_____ chair(s) with DONATED BY _____
PLEASE PRINT

_____ and/or _____

_____ chair(s) with MEMORY OF _____
PLEASE PRINT

Payment:
CASH \$ _____ Check # _____ in the amount of \$ _____

Payable to: CAF JAYHAWK WING

MAIL TO:

**CAF JAYHAWK WING
2560 S. KESSLER
WICHITA, KS 67217**

OFFICE USE

Date received ____ / ____ / ____ Amount \$ _____

Check # _____ Cash \$ _____