

FOSTER CARE AUXILIARY OF ORANGE COUNTY

CARD ORDER FORM

No.	Name Of Set	Qty. Of Set	Total
01.	Make A Difference In The Life Of A Child	X \$10.00	
02.	Make A Difference In The Life Of A Foster Family	X \$10.00	
		Subtotal	\$
Tax			\$ 0.00
Shipping			\$ 0.00
Grand Total			\$

SHIPPING INFO

.....

NAME:

ADDRESS 1:

ADDRESS 2:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

BILLING INFO

.....

Mastercard

☐

Visa

☐

Credit Card # Exp. Date:

If Paying by check: Please make check payable to **FCAOC**

Check #

NAME ON CARD:

ADDRESS 1:

ADDRESS 2:

CITY:

STATE:

ZIP:

Mail Completed Form To: Kathy Harvey, 15651 Monroe St., Midway City, CA 92655