

CENTER FOR MEDICARE ADVOCACY, INC.
P.O. BOX 350
WILLIMANTIC, CT 06226

FAMOUS FISH T-SHIRT ORDER FORM

**Please print out, complete and mail this
order form to the above referenced address.**

NAME: _____

ADDRESS: _____

PHONE #: _____

Indicate Size of T-Shirt(s) - Small, Medium, Large or Extra-Large	# of T-Shirt(s) X \$15.00 (each)	Total

PAYMENT METHODS:

- **CHECK:** Please make check payable to the Center for Medicare Advocacy, Inc.
- **CHARGE:** Circle One - MasterCard or Visa

ACCT #: _____ (must be 16 digits)

Exp. date: _____

Authorized Signature: _____