

GREAT LAKES SCRIPS ORDER FORM

Thank you for supporting TEC!

Please print clearly

Date _____

Name _____

Address _____ City _____ Zip _____

Contact Numbers: Home _____ Office _____

Cell _____ E-Mail _____

Other _____

Business/Store	Denomination	Quantity	Total
TOTAL DUE			\$

Please enclose order form and check payable to the Therapeutic Equestrian Center (TEC)
Mail to: P.O. Box 1250, Niles, MI 49120
Orders are due to TEC on the 15th and 30th of each month with payment enclosed
Questions contact: Katie Stull at 471-9914(home) or 369-7395 (cell)