



This is what I want to buy at the PARD Store

Item	Quantity	Rate	Sub-total
A. Therm-O-Snack Bag	_____	x \$10 each	\$_____
B. Elite Baseball Cap	_____	x \$10 each	\$_____
C. Roll Up Fleece Blanket	_____	x \$15 each	\$_____
D. PolySure Sport Bottle	_____	x \$5 each	\$_____
E. Executive Umbrella	_____	x \$15 each	\$_____
F. Folding Chair	_____	x \$25 each	\$_____
G. Hand Sanitizer	_____	x \$5 for 2	\$_____
H. "Chevy" plush	_____	x \$15 each	\$_____
I. "Reno" plush	_____	x \$15 each	\$_____
J. "Bo" plush	_____	x \$15 each	\$_____
Total Items =	_____		
		Payment Due	\$_____



Payment Information

Customer Name: _____

Cash payment (can be submitted in person to PARD board members)

Please find enclosed my cheque payable to **PARD Therapeutic Riding** for \$_____

I prefer to charge my purchase to my credit card: VISA MasterCard for \$_____

Card No.: _____ Expiry Date: _____

Name on Card: _____

Cardholder Signature: _____

Address: _____

City: _____ Prov: _____ PC: _____

Telephone: () _____ Email: _____



For PARD administrative use only

Order processed by _____ Received on (date) _____ Product received by customer on (date) _____