6 (1075 27)	r High School Mized Tile Order	DATE OR	
NAME:	ADDRE	SS:	
CITY:			
PHONE: HOME	WORK	CI	ELL
E-MAIL:			
<u>Lettering</u>		Please add \$_ additional contribut to help beautify our	ion to EPHS 100
Line 1: Maximum 20 Space	s		
			2/11/2
Line 2: Maximum 20 Space	s		
Line 3: Maximum 20 Space	6		
Eine o. maximum 20 opade			FOTAL: \$135.00
Add: \$3. For each additional Chara	cter/Space over the initial 60. (		CONTRACTOR OF STREET
			Suit Gard II We thin cam you.
Receipt	REP.	ORD	ER No.
2 9 1 0 1 1 6 100 YEARS			
	☐ Check ☐ Credit Card ☐ N Check payable to: <b>EPH Frienc</b>		
FROM:		1/s	
FOR INFORMATION: SANDY A (915) 588 sandyaai 140 W Ca	ARONSON, Treasurer 3-7888 ronson@gmail.com stellano #32279912	X	