



US-NYS CHAPLAIN TASK FORCE

405 RXR Plaza
Uniondale, NY 11556

Order Form

ID # _____ NAME: _____

| Quantity | Item | Size | Price | Total |
|----------|-------------------------------|-----------------|-----------------|-----------|
| | Windbreaker | | \$100.00 | |
| | Quilted Jacket | | \$150.00 | |
| | Rain Jacket | | \$125.00 | |
| | Safety Vest | | \$50.00 | |
| | Polo Shirt | | \$50.00 | |
| | T-Shirt | | \$25.00 | |
| | Cap | One Size | \$20.00 | |
| | Lapel Pin | --- | \$20.00 | |
| | Challenge Coin | --- | \$20.00 | |
| | Marriage Officiant Documents | --- | \$250.00 | |
| | Chaplain's Prayer Book | --- | \$10.00 | |
| | ID Card Renewal | I.D. _____ | \$125.00 | |
| | Replacement Shield | | \$200 | |
| | | | TOTAL | \$ |

**ALL ORDERS ARE TO BE PAID IN FULL! COMPLETE FORM AND MAIL WITH YOUR PAYMENT
TO THE ADDRESS ABOVE OR PLACE YOUR ORDER ONLINE AT WWW.CHAPLAINS.CARE
MONEY ORDERS ONLY MADE OUT TO: NYSCTF**

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: () Visa () Mastercard () Discover () Amex

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (3 digits on back of card/ 4 digits for Amex)

Amount to Charge: \$ _____ (USD)

I authorize US-NYSCTF to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. Cardholder – Please Sign and Date Below:

Signature: _____ Date: _____

Print Name: _____

Return the completed and signed form to the following:

By Mail: 405 RXR Plaza, Uniondale, NY 11556

By Email: info@nysctf.org

