Freedom to Shop Order Form

Name:		Date:	
		Phone:	
Check #: (Please make NOTE: The	e check out to Freedor nis is NOT tax-deductib		nal Ministries)
Retailer	Card Amount	Qty	Total Amount
	Grand To	tal·	
	arana 10		
Orders must be paid in full at the time	of ordering (cash or c	heck is acce	eptable).
Please have order verified before leave	ving the form.		
Orders will be available in approximat place an order when it is financially w the 2 week time period. You will then	ise. You will be notifie	d if your ord	ler will not be filled in
All orders will need to be picked up eichurch. They may be available at oth check with us first.			
You may designate someone else to	pick up your order if yo	ou are unabl	e to do so.
When you pick up your order, please	verify and initial the for	rm that your	order is correct.
Order is Correct:	Date:		