

SOCK IT!

Registration FORM



RMHC®
Newfoundland & Labrador

Keeping families close



We want to register for SOCK IT!

Company: _____

Contact Person: _____

Mailing Address: _____

Courier Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____

We need to order Socks:

Number of Socks	X \$10.00	Total
	X \$10.00	

* Shipping and handling is extra.

Payment:

Please indicate your preferred method of payment

Cheque enclosed

Please Invoice

Credit Card



Supplies Requested	#
Sock It Stickers	
Sock It Posters	
Sock It Donation Cans	
Sock It Pledge Sheets	

Card Number

Expiry Date

Name on Card

Signature