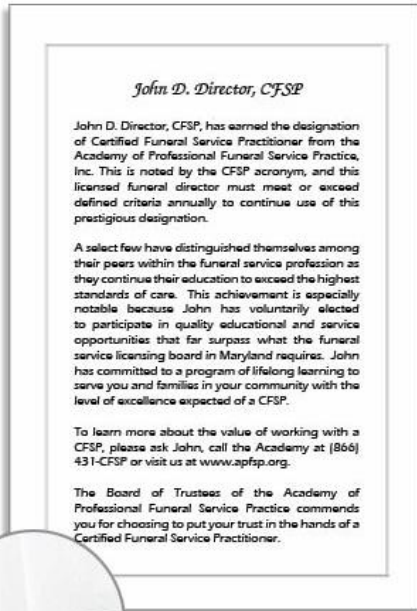




# Academy of Professional Funeral Service Practice

PO Box 1160 • Buchanan, GA 30113

## CFSP Family Folder Card Order Form



Consider using this professional, high-quality, personalized card describing what it means to be a CFSP to share your accomplishment with the families you serve by placing the CFSP Family Folder Card in each family folder to promote the value of your CFSP designation.

### Pricing

Prices are subject to change without notice. Please call for a quote for orders of more than 500 cards.

Qty	Item	Price	Check To Order
25	Personalized CFSP Family Cards	\$ 85	<input type="checkbox"/>
50	Personalized CFSP Family Cards	\$ 95	<input type="checkbox"/>
75	Personalized CFSP Family Cards	\$ 100	<input type="checkbox"/>
100	Personalized CFSP Family Cards	\$ 110	<input type="checkbox"/>
200	Personalized CFSP Family Cards	\$ 125	<input type="checkbox"/>
250	Personalized CFSP Family Cards	\$ 160	<input type="checkbox"/>
300	Personalized CFSP Family Cards	\$ 180	<input type="checkbox"/>
400	Personalized CFSP Family Cards	\$ 220	<input type="checkbox"/>
500	Personalized CFSP Family Cards	\$ 250	<input type="checkbox"/>

Please add Sales tax of 7% to your order total \$ \_\_\_\_\_

Shipping and handling is included in price above for US addresses only

Total Enclosed \$ \_\_\_\_\_

### Personalization

Please print the details about how you want your card(s) personalized below. You may request as many names as you want to take advantage of quantity pricing.

Full Name: \_\_\_\_\_ First: \_\_\_\_\_ State: \_\_\_\_\_

Full Name: \_\_\_\_\_ First: \_\_\_\_\_ State: \_\_\_\_\_

### Shipping

Cards are shipped US Mail. Please supply the correct mailing address to facilitate delivery.

Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Payment

Check Enclosed  - OR - MasterCard  VISA  Discover  American Express

Credit Card No: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVV2 Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Fax completed form to 770-646-9490 or mail to APFSP, PO Box 1160, Buchanan, GA 30113. Please allow 2-4 weeks for delivery.