

EASTERN CHRISTIAN BULLETIN SERVICE ORDER FORM

PO Box 3909, Fairfax, VA 22038-3909

Office: 703-691-8862

Fax: 703-691-0513

Email: info@ecpubs.com

Shipping Address: Church Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____

Invoice Address: Church Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Contact Name: _____
Phone: _____
Email: _____

Order Quantity: Normal Sunday (12-week batches) # each week _____
Price: \$0.10 each - \$1.20/copy for 12 weeks: \$ _____
Date to Begin: _____
Special Week Quantities: Palm Sunday _____
Easter Sunday _____
Holy Week Insert _____
Before Christmas _____
After Christmas _____
Christmas Insert _____

Shipping: \$15 for 1-50; \$20 for 51-100; \$25 for 101-150; \$30 for 151-200; \$35 for 201+

Please select Calendar:

_____ MODIFIED (Revised Julian) _____ NEW (Gregorian)

Optional Credit Card Payment:

Credit Card # _____ Expiration _____ Security _____

You will be invoiced for each shipment.