

OFFICE USE ONLY: Date Received \_\_\_\_\_

Lake Card # \_\_\_\_\_

## 2017 LAKECARD Order Form

Last Name/First \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone  
(Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Email \_\_\_\_\_

Special requests/notes:

\_\_\_\_\_ LAKECARDS @ \$189.75 (\$175.00 + \$14.75) = \_\_\_\_\_

+ Tax-deductible donation \_\_\_\_\_

TOTAL \_\_\_\_\_

\_\_\_\_\_ Pay by Cash/Check

\_\_\_\_\_ Pay by Credit Card

\_\_\_\_\_ Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV

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

# ***THANK YOU!***