Date:

Lithograph Order Form

Ship To:

Name:
Address:
City:
State:
Zip Code

Quantity	Item	Total
	Total	$

☐ **I am enclosing a check payable to The Box Project**

☐ **Charge my credit card:** ☐ **Visa** ☐ **Mastercard**

CC# _____ Exp. _____

Name on Card: _____

Address: _____

City: _____ State: _____ Zip: _____

100 Business Center Drive, Ste. 26 ~ Ormond Beach, FL ~ Phone: 386.677.8094 ~ Web: www.boxproject.org

Our Mission: To encourage and enrich the lives of families and individuals living in poverty in rural America by establishing meaningful relationships, promoting education, and offering material aid.