



Church Order Form

Please fax the Order Form to:
FFSS / Attn: Order Department

678-370-0637

Or, mail the Order Form to:

FFSS
ATTN: Order Department
P.O. Box 309
Clarkdale, Georgia 30111-0309

General Information:

| | |
|--|--|
| | |
|--|--|

Church Name Church Contact Name

| | |
|--|--|
| | |
|--|--|

Physical Address for Kit Delivery (Cannot deliver to P.O. Box)

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

City State Zip

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Church Phone Ext. Fax

| |
|--|
| |
|--|

Church Email

| FFSS Items | Unit Price | Quantity | | Total | | | | | | | |
|--|------------|--|----|---|----|---|--|--|--|--|--|
| Church Class Leader Kit | \$189.00 | <table border="1" style="width:50px; height:20px;"> <tr><td> </td><td> </td></tr> </table> | | | \$ | <table border="1" style="width:100px; height:20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Membership Kit | \$90.00 | <table border="1" style="width:50px; height:20px;"> <tr><td> </td><td> </td></tr> </table> | | | \$ | <table border="1" style="width:100px; height:20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| FFSS Brochures (50) | \$6.00 | <table border="1" style="width:50px; height:20px;"> <tr><td> </td><td> </td></tr> </table> | | | \$ | <table border="1" style="width:100px; height:20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Sub Total | | | \$ | <table border="1" style="width:100px; height:20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | |
| | | | | | | | | | | | |
| Shipping and Handling add \$7.00 per Kit Ordered | | | \$ | <table border="1" style="width:100px; height:20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | |
| | | | | | | | | | | | |
| Total Amount | | | \$ | <table border="1" style="width:100px; height:20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | |
| | | | | | | | | | | | |

Please allow
2 weeks for
delivery

Payment Information

- Church Check
- Paper Draft (one-time check payment created by FFSS, Inc., fill out info below, please fax void check with order)

| |
|--|
| |
|--|

Name on Account

| |
|--|
| |
|--|

Bank Name Phone Number

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Bank Address State Zip

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

9 Digit Bank Routing Number Account Number

Authorized Account Holder Signature: _____ Date: ____/____/____

Catch the Vision...Spread the Hope!