

## MAGNIFICAT CD ORDER FORM

**\$8.00 EACH—MAKE CHECKS PAYABLE TO: *MAGNIFICAT GREENSBURG***

**SPEAKER'S NAME** \_\_\_\_\_ **QUANTITY** \_\_\_\_\_

**AMOUNT ENCLOSED** \_\_\_\_\_

**NAME** \_\_\_\_\_  
(Please print clearly)

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**DATE** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**Mail form and payment to:**  
**Karen Polechko, 601 Stamford Dr., Greensburg, PA 15601**