

# Monroe County Hospital & Clinics T-SHIRT ORDER FORM



Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment:  Cash  Check

Please return order form and payment to Alison Hite (ahite@mchcalbia.com) or the Radiology Department by **Wednesday, September 14<sup>th</sup>**. Please fill out one form per shirt. Proceeds from t-shirt sales will be donated to the MCHC Free Mammography Fund. Shirt graphics are available in Pink or Pink Glitter, please designate if you want pink glitter graphics on your shirt in the table below.

Unisex/Youth



Women's



Left Sleeve Detail



	Color	YS	YM	YL	YXL	S	M	L	XL	2X (+ <sup>5</sup> 3)	3x (+ <sup>5</sup> 3)	Glitter	\$\$/Unit	Total
Unisex/Youth	Short Sleeve												\$15	
	Long Sleeve												\$20	
	Baseball												\$22	
Women's	Short Sleeve												\$15	
	Long Sleeve												\$20	
	Baseball												\$22	
													Grand Total:	\$