

# MCS Team Low Country T-shirt Order Form

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Size (Please Circle):      S                  M                  L                  XL                  2XL                  3XL                  4 XL

Quantity:                                                                                                                             

Payment Information: Please pay \$20 to Tammy Reese via Venmo account @Tammy-Reese-16  
We will be making a bulk order and then distributing the shirts to team  
leaders. If you need an alternative form of payment or have questions,  
please reach out to your facility's team leader. Due by June 15th.

Total Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Method: \_\_\_\_\_

