**FOCCAS WALL OF GRATITUDE ORDER FORM**

o **Full color application tile** w/ lettering w/ or w/o graphic art

May use up to 5 lines; 14 characters maximum per line, including spaces Graphic art will count as 1 line

**( ) 4 ¼” X 4 ¼” $25.00 ( ) 8” X 8” $75.00**

**\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_**

**\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_**

\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

* Include graphic art ( ) Paw print ( ) Kitty print ( ) Dog Bone ( ) Cat Silhouette
* On what line would you like to graphic art? ( )1 ( )2 ( )3 ( ) 4 ( )5
* **Photo Tile**

**( ) 4 ¼” X 4 ½” $35.00 ( ) 8” X 8” $85.00**

May include up to 2 lines of print

Maximum of 14 characters, including spaces per line

Digital photo’s work best. The better the photo, the better your tile will look

\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Email photo’s & request order form to be emailed or mailed to you @ [foccas.tn@gmail.com](mailto:foccas.tn@gmail.com), or mail physical photo to PO BOX 3245 Crossville TN 38557. Order forms may also be downloaded from our website at [www.foccas-tn.org](http://www.foccas-tn.org/).

Payments may be mailed to the above PO Box or paid online via PayPal using the above email address. Order forms may be picked up & dropped off at Dr. Mark Hendrixson’s office. Have questions? Email or call Jan @ 931-265-5301

Name Email Phone Date Amount Method of payment O Check O Cash O PayPal (paypal.me/foccas)

O On-Line O Credit/Debit # exp SVC Name on Card

