

CRAZI FAITH ORDER FORM

FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>
ADDRESS	<input type="text"/>	CITY	<input type="text"/>
STATE	<input type="text"/>	ZIP CODE	<input type="text"/>
EMAIL	<input type="text"/>	PHONE	<input type="text"/>
PRODUCT	<input type="text"/>	SIZE	<input type="text"/> Not applicable to bags.
T-SHIRT COLOR	<input type="text"/>	TOTE BAG COLOR	<input type="text"/>
ADDITIONAL INFO			
<div style="border: 1px solid gray; height: 100px; width: 100%;"></div>			

**Send your order along with your money order to Crazy Faith, P.O. Box 53585,
Philadelphia, PA 19105**

