



Product Order Form

I would like to purchase: **Total \$**

_____ **EAF History Book, *Perpetuating Our Posterity*, @ \$20 each** \$ _____

Total order form cost: \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Chapter (if applicable) _____

Region (if applicable) _____

Sent To:

AKA/EAF
Attn: Andrea Kerr
5656 S. Stony Island Avenue
Chicago, IL 60637