



Merchandise Order Form

| I would like to purchase: | Total \$ |
|---|-----------------|
| _____ EAF Commemorative Pin @ \$300 | \$ _____ |
| _____ EAF History Book, <i>Perpetuating Our Posterity</i> , @ \$20 each | \$ _____ |
| Total order form cost: | \$ _____ |

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Chapter (if applicable) _____

Region (if applicable) _____

Send To:

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