

**Mount Holly 2015 Calendar
ORDER FORM**

Please complete this form and send with your check made payable to MHCA to the address below

Name _____

Home Number _____ **Cell Number** _____

Email Address _____

Street Address _____ **Apt. #** _____

City _____ **State** _____ **Zip** _____

I would like _____ **calendars @ \$20 each** _____ **x \$20 =** _____
(\$10 tax deductible)

\$6 per calendar for postage and handling _____ **x \$6 =** _____

TOTAL AMOUNT DUE: _____

Please make checks payable to MHCA and mail this form with your check to:

**MHCA
PO Box 93
Belmont, Vermont 05730**

**For more information or questions please contact Janet Warren at
802-259-2007 or at janetwarren72@hotmail.com**

**All proceeds from the sale of the calendar support community activities
sponsored by the Mount Holly Community Association**