

Supporting America's Volunteer Lifesavers®

PRINT CLEARLY ALL ENTRIES BELOW Name & Address of person purchasing order: (If street address not indicated below then insert in ship to address)

Ship to address: (Must contain street address for shipping items)

Name (For credit card purchases, must be as appears on card)	Name		
Address/POB(payments with credit card must use card billing address)	Street Address Apt. No.		
City, State, Zip Code Phone: Day Home Business Phone: Evening E-mail address:	City, State, Zip Code Delivery Telephone: Nat'l Staff Position (if applicable):		
	Nat'l Staff Position (if applicable): //Flotilla # (Required): /		
Item No: Quantity: Description:	Cost: T	otal:	
NOTE: QUANTITIES LIMITED ON CERTAIN ITEMS – NO BACK ORDERS Method of Payment: MasterCard VISA Payable to: CGAuxA, Inc. Expiration Date: / MO. YR. (REQUIRED – last 3-digits number nea Reverse side of credit card)	Total of Order:		
Signature:	Shipping Chart: Order Value: Rate:		
Order by MAIL TO: Out CONUS ac Coast Guard Auxiliary Center (HI/AK/PR/GU 9449 Watson Industrial Park St. Louis, MO 63126-1522	add \$10.00 Up to \$35 \$ 6.50 U) \$35.01 to \$70.00 \$ 8.95 \$70.01 to \$105.00 \$ 10.9	0 5 95	
Credit Card Order by FAX TO: (314) 962-6804 Voice: (314) 962-8828	Over \$140.00 \$13.9		