Fused Glass Special Order Form

Date		
Name		
Address		
City, State, Zip		
(required for CC purchases)		
(required for CC purchases)		
Email		
Contact Phone #		
(Please note: A \$5.00 s	service charge will be assessed on all	special orders)
Detailed Description of	Product:	
**Disclaimer: Due to u	wide variations in glass and the natur	re of our production process, our products are as unique as the people
		ed art glass, and "perfection" should not be expected. We will do our
	ed your expectations!**	ed all glass, and perfection should not be expected. We will do our
best to meet and excee	ed your expectations:	
Date Needed		
Payment due at time of order.		TOTAL DUE:
PAYMENT METHOD:		
Check Checl	k number:	Amount:
Cash Amo	unt:	
Credit Card***		
Circle One: VISA	A MASTERCARD DISCOVER	
Cre	dit Card Number:	
		CVV:
Name on Card:		
Sign	nature:	
	e filled out completely above in ord	
For more	r information, please contact Jessica	Kennedy at jkennedy@reachunlimited.org or 346.412.5178
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Thank you for supporting members in the Enterprise Program at Reach Unlimited!