DENNIS P. RANDO CADET HUMANITARIAN FUND

ORDER FORM

Make **Checks Payable to "Rando Fund"** and Mail **With Order Form** to Robert L. Caggiano, CPA, P.O. Box 1676, West Chatham, MA 02669.

(1)

Quantity	Type Item*	Cost Per Item	Extension Cost	
	Standard Chair	$325	$	
	Rocker	$325	$	
	Lamp	$195	$	
		TOTAL	$	

*All Items have the USAFA seal.

(2)

PERSONALIZATION – Exactly as it should appear - 30 Spaces maximum per line

1 ST Line

2nd Line

3rd Line

Item Extension Cost Total from (2) above	$ _____
Personalization – 1st line: Cost $25	$ _____
Personalization – 2nd line: Cost $10	$ _____
Personalization – 3rd line: Cost $10	$ _____
Subtotal	**$** _____
Sales Tax – (Massachusetts Deliveries Only) 5% of Subtotal	$ _____
Shipping and Handling $35.00 Per Item - One type item only	$ _____
Total – Payment Due With Order	**$** _____

(3)

Your Name & Address	**Ship To Address**
Name:	**Name:**
Street	**Street:**
City, State & Zip	**City, State & Zip**
Day time Telephone	**Day time Telephone**
E-mail address	**E-mail address**

(4) ***There is an extra charge for rush – Normal Time 4 –6 weeks from receipt of order.***

Key Date – You need to receive the Item by: ____/____/_____ Allow 4-6 weeks from receipt of order to day of shipment. Order must be received within 5 weeks of your Key Date. Shipping price only for Continental USA.