

Calendar Order Form

Please supply the information requested in the form,
then attach your payment (check or money order) and mail to:

RPCV West Michigan
K. Schilling
2228 Madison SE
Grand Rapids MI 49507

Personal Information

First _____

Last _____

Address _____

City _____ State _____ Zip _____

Phone _____ (Mobile) _____

Email _____

Peace Corps Information

Job _____

Country _____ Years _____

Purchase Options

	<i>Quantity</i>	<i>Cost</i>
Standard (\$12)		
RPCV Price (\$10)		
Shipping (\$3 each)		
TOTAL		