



VHIA MERCHANDISE ORDER FORM

Member Name: _____ Agency: _____

Item Description	Size	Color	Quantity	Item Total

Shipping Address:

Attention: _____

Street No/Name: _____

City/State/Zip: _____

Phone: _____ Cell: _____

Billing Address: If same as shipping, check here

Attention: _____

Street No/Name: _____

City/State/Zip: _____


Phone: _____ Cell: _____

If you need to return or exchange an item, please contact Rich Leonard, RLeonard@co.stafford.va.us

Subtotal: _____

Shipping: _____
Orders under \$10, shipping \$7.00
Orders \$10-\$50, shipping \$10
Orders over \$50, shipping \$13

Order Total: _____



Mail order form and payment to:

VHIA
P.O. Box 355
Garrisonville, VA 22463

Payment Method: (Make checks payable to VHIA)

Check Credit Card: (type) _____

Card No: _____

Name on Card: _____

Exp Date: _____ Signature: _____