



Master Gardener Supply Order Form

(Revised September 2007)

Ordered by:

Name: _____ County: _____

Address _____ City/State/Zip _____

Telephone: _____ Email: _____ Date supplies needed by: _____

	<u>Quantity</u>	<u>Unit Price</u>	<u>Total Cost</u>
Lapel Logo Pins (logo plus "50 hours" recognition)	_____	@ \$3.00	_____

Hour Tabs

(attaches to lapel pin; recognizes additional volunteer hours)

100 hours	_____
150 hours*	_____
200 hours	_____
250 hours	_____
300 hours*	_____
350 hours*	_____
400 hours*	_____
450 hours*	_____
500 hours	_____
600 hours*	_____
700 hours	_____
800 hours*	_____
900 hours*	_____
1,000 hours	_____
1,500 hours	_____
2,000 hours	_____
3,000 hours	_____

Total Quantity	_____	@ \$3.50	_____
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* Will not stock once supplies are depleted.

Grand Total _____

*** Send orders and payment to:**

Make checks payable to: Ohio State University Extension

Jo Brown
OSU Extension, Clark County
4400 Gateway Blvd., Ste.104
Springfield, OH 45502

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Fax: 937.328.4609

email: brown.1541@cfaes.osu.edu

Supplies will be sent by mail, postage will be added to invoice.