

# MSO

Manitowoc Symphony Orchestra

*Classically Cool.*

Mens/Unisex



**2000 Gildan® - 100% Cotton T-Shirt**

6.1-ounce, 100% cotton.

**Sizes/Prices:**

XS-XL **\$15.00**, 2XL **\$16.00**, 3XL **\$17.00**



**5400 Gildan® - 100% Cotton Long Sleeve T-Shirt**

5.3-ounce, 100% cotton.

**Sizes/Prices:**

XS-XL **\$18.00**, 2XL **\$19.00**, 3XL **\$20.00**

Ladies



**5V00L Gildan® - Ladies 100% Cotton V-Neck T-Shirt**

95.3-ounce, 100% cotton.

**Sizes/Prices:**

XS-XL **\$15.00**, 2XL **\$16.00**, 3XL **\$17.00**



**5400L Gildan® - Ladies 100% Cotton Long Sleeve T-Shirt**

5.3-ounce, 100% cotton.

**Sizes/Prices:**

XS-XL **\$18.00** 2XL **\$19.00**, 3XL **\$20.00**

# Order Form

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

**PLEASE SUBMIT YOUR ORDERS TO:**

Peggy Pitz • Email: [pwritz@ameritech.net](mailto:pwritz@ameritech.net) • Phone: (920)684-3492  
 Please make checks out to: Manitowoc Symphony Orchestra  
 PO Box 606  
 Manitowoc, WI 54221-0606

**ORDER FORM AND PAYMENT DUE OCT. 31, 2016**

| ITEM # | DESCRIPTION | SIZE | UNIT PRICE | QUANTITY | TOTAL PRICE |
|--------|-------------|------|------------|----------|-------------|
|        |             |      |            |          |             |
|        |             |      |            |          |             |
|        |             |      |            |          |             |
|        |             |      |            |          |             |

| PAYMENT METHOD                              |   |
|---|---|
| <input type="checkbox"/> Check              | PLEASE MAKE CHECKS PAYABLE TO: Manitowoc Symphony Orchestra |
| <input type="checkbox"/> <b>Credit Card</b> |   |
| <input type="checkbox"/> Visa               | <input type="checkbox"/> Discover                           |
| <input type="checkbox"/> Master Card        | <input type="checkbox"/> American Express                   |
| Account #: _____                            |   |
| Exp. Date: ____/____/____ CVV: _____        |   |
| Name on Card: _____                         |   |
| Billing Address of Card: _____              |   |
| City: _____ State: _____ Zip: _____         |   |
| Signature: _____                            |   |

**TOTAL AMOUNT DUE**

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