



## Lambda Epsilon Chi (LEX) Graduation Sash Invoice

Name of Chapter: \_\_\_\_\_

Month/Year Inducted into LEX: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of Inductee: \_\_\_\_\_

Quantity	Description	Unit Price	Total
_____	LEX Graduation Sash	\$35.00	\$ _____
_____	LEX Expedited Processing & Shipping <i>(If applicable – please see below)</i>	\$25.00	\$ _____
	<b>Amount Paid</b>		\$ _____

AAfPE will pay standard mailing costs for orders placed within a two-week delivery date. After that time, expedited shipping is recommended.

**Ship to** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Shipping Phone Number *(Required for expedited shipping)*: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment details:

Payment by Check payable to AAfPE Check #: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Select Card Type  Amex  Visa  MasterCard

Name on Card: \_\_\_\_\_ Authorized Amount \$ \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Card Number : \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

**Please return form and payment to:**

**AAfPE**, 222 S Westmonte Dr Ste 111, Altamonte Springs FL 32714

Phone: 407-774-7880

Fax: 407-774-6440 *(credit card payments only)*

Email: info@aafpe.org