



2023 RIBBON ORDER FORM \$5.00 EACH

"PILI`AINA. . . to have kinship with the land"

First & Last Name (print clearly)		Organization	Organization	
Mailing Address		City, State & Zi	o code	
Phone	Cellular Email Address			
	ORDER & PAYMI	ENT INFORMATION		
Number of Ribbons X	\$5.00 = \$ Cost per ribbon (Additional shipping may be			
Payment Method:		Credit (Card Type:ard, VISA or American Express)	
Cash: \$	Check: (#)(Make check payable to Aloha Fe	Verifica stivals) (# In back	tion Code <u>:</u> of Credit Card))	
Name of Cardholder	Credit Ca	ard Number	Exp. Date	
Billing Address	City/State	e	Zip code	
Signature		Date		

Date Order Rec'd:		By:		
Paid:	Date:	By:		
Date Order Sent:		By:		
OFFICE USE ONLY				