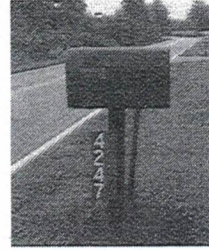


# Reflective Address Sign

## Order Form



Name \_\_\_\_\_

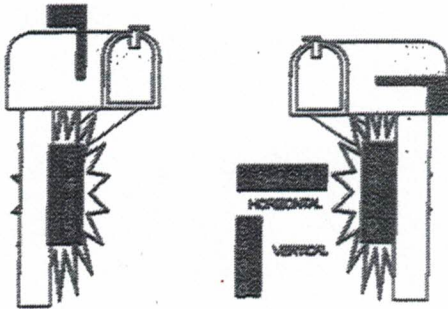
Address \_\_\_\_\_

Phone \_\_\_\_\_

Orientation

Horizontal

Vertical



QTY.

TOTAL

Resident

(\$15.00)

\_\_\_\_\_

\$

\_\_\_\_\_

Non-Resident

(\$20.00)

\_\_\_\_\_

\$

\_\_\_\_\_



Proceeds Benefit the  
Branciforte Volunteer Firefighters Association