

ROUGEMONT RURITAN CLUB  
REFLECTIVE MARKER



ORDER FORM

PAID

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_

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

ADDRESS NUMBERS REQUESTED

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NOTE: IF YOUR ADDRESS HAS FEWER THAN 5 DIGITS PLEASE X  
THOSE BOXES NOT USED ... (THANK YOU)

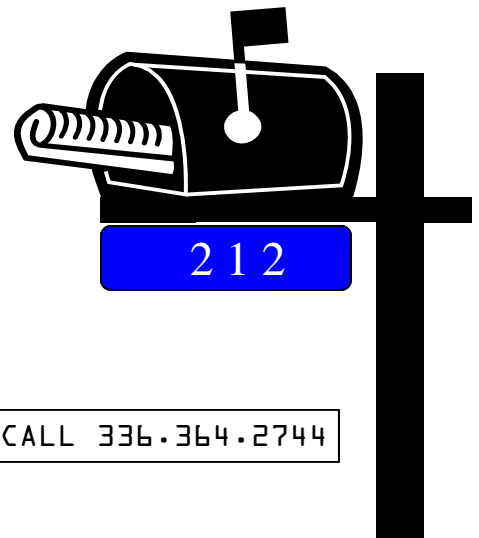
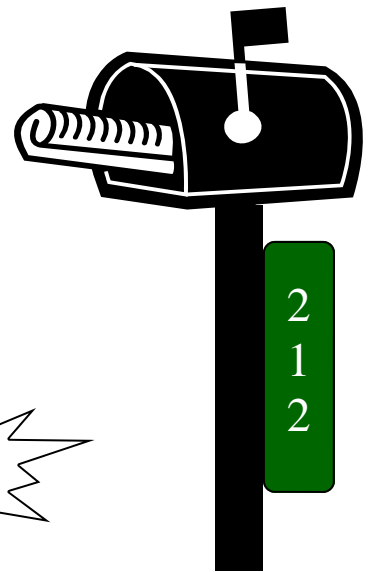
MOUNTING PREFERENCE:

VERTICAL

HORIZONTAL

ONLY!

\$20 ea.



MAKE CHECKS PAYABLE TO: ROUGEMONT RURITAN CLUB

MAIL TO: ROUGEMONT RURITAN CLUB  
C/O MILLARD THACKER  
140 RASSIE CRABTREE ROAD  
ROUGEMONT, NC 27572

FOR FASTER SERVICE - CALL 336.364.2744