

# IALHA MERCHANDISE ORDER FORM

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

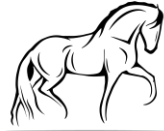
Phone \_\_\_\_\_ email \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

\* To pay using PayPal, request an invoice when you email this order form to [info@ialha.org](mailto:info@ialha.org) \*  
 To pay by check, enclose along with this order form and mail to address below.

Item	Description	Size (if applicable)		Color (if applicable)	Quantity	Unit Price	Amount
		Adult/Youth	XS/S/M/L/XL/XXL				
<b>Total:</b>							



IALHA

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