



COOKBOOK PURCHASE

Date: _____ - _____ - _____

Price Per Book: \$20

Number of Books Desired: _____

Amount Paid: _____

(\$20.00 x number of books + shipping if applicable)

(Make Check Payable to Carlene Ashworth Campaign Fund or CACF)

Please Check One Box:

Pickup at Dept Convention (ORDER MUST BE RECEIVED by June 15.)

Person authorized to p/u: _____ or

Mail Book to me at address below:

(Please add \$5 for S&H for 1st book plus \$3.00 for each additional book)

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone number if we need to contact you about your order:

(_____) _____ -- _____

Please have Carlene autograph my cookbook.

Please mail all orders to:
 Marilyn Daigre
 617 CR 2603
 Pittsburg, TX 75686-3627

