



FACE MASK ORDER FORM
COMBAT INFANTRYMEN'S ASSOCIATION
PO BOX 11044 HICKORY NC 28603



Your Name: _____

Mailing Address: _____

City State Zip: _____

Phone: _____ Email: _____

Item	Quantity	Item Cost	SubTotal
Adult size Face Mask		\$8.00	
		Total:	

Please mail Order Form and payment check to:

Combat Infantrymen's Association
 PO Box 11044
 Hickory NC 28603



Make Check payable to:

Combat Infantrymen's Association

Outside Layer = 83% Polyester, 17% Spandex

Inside lining = 100% cotton

Pay By Card: _____ Card Number _____ Exp _____

Billing Address Check here if same as Mailing Address above _____ CVV _____

Address: _____

City State Zip: _____

For Office Use only: Check Number _____ Date Received: _____ Check Amount: _____

Ship Date: _____