



# PACIFIC SCHOOL *of* RELIGION

## Order Form for T-shirts and Mugs

Please print out this form, fill in your order and payment information, and send it to the attention of Céleste Douville at PSR:

**By mail:** Pacific School of Religion, 1798 Scenic Ave., Berkeley, CA 94709    **By fax:** 510/849-8242 (*credit card orders only*)

**Questions?** Call Céleste at 510/849-8274 or toll-free at 800/999-0528, extension 1274.

ITEM	COLOR	SIZE(S) / QUANTITY	PRICE	ITEM TOTAL
		<i>For each item, please specify quantity desired in each size ordered, eg: M/1, L/2</i>		
Men's short-sleeve T	black	Available in S, M, L, XL, XXL, XXXL	\$15 each	
Women's short-sleeve T	slate grey	Available in S, M, L, XL	\$15 each	
Men's long-sleeve T	navy	Both colors available in S, M, L, XL, XXL	\$19 each	
	slate grey		\$19 each	
Women's long-sleeve T	navy	Available in S, M, L, XL	\$19 each	
Sweatshirt with hood	navy	Available in S, M, L, XL, XXL	\$37 each	
Mugs	white w/ purple logo	Limited quantities. One size fits all beverages.	\$8 each	
Shipping charges in U.S.A. (via U.S. Postal Service) <i>Contact PSR for information about shipping charges for large-quantity or international orders.</i>			\$3/item	
<b>ORDER TOTAL</b>				

### SHIP TO:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ (optional)  
 Organization: \_\_\_\_\_ (optional)  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### I PREFER TO PICK UP MY ORDER

Order to be picked up at:  
 2006 Earl Lectures  
 PSR (*Call Céleste Douville to arrange pick-up*)  
 Hold under this name: \_\_\_\_\_

**Please allow 4-6 weeks for delivery.**

### PAYMENT METHOD:

I have enclosed a check for the order total.  
 Make checks out to **Pacific School of Religion.**  
 Charge the total to my credit card:     Visa     MasterCard  
 Card #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

*All unsigned orders will be returned for signature*

### CREDIT CARD BILLING ADDRESS:

Same as shipping address. *If different, please fill out:*  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ (optional)  
 Organization: \_\_\_\_\_ (optional)  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_