



everychild.one voice.®

# PTA REFLECTIONS RIBBONS

## Order Form

Ribbon Color	Quantity Ordered	Price Each	\$ Amount Enclosed
Blue (Advance)		@ .75	
Red (Honorable Mention.)		@ .75	
Yellow (Participation)		@ .75	
Reflections Pin		@ 3.00	
Shipping	1	@ 9.95	9.95
Totals		Ck #	\$

### Shipping Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone or e-mail \_\_\_\_\_

PTA Unit \_\_\_\_\_ Dist. # \_\_\_\_\_ (2 - 37)

PTA Region \_\_\_\_\_

Make checks payable to Illinois PTA & send to:

IL PTA

PO Box 907

Springfield, IL 62704-2724