

Order Form – Colorado P.E.O. Chapter House Bench Project

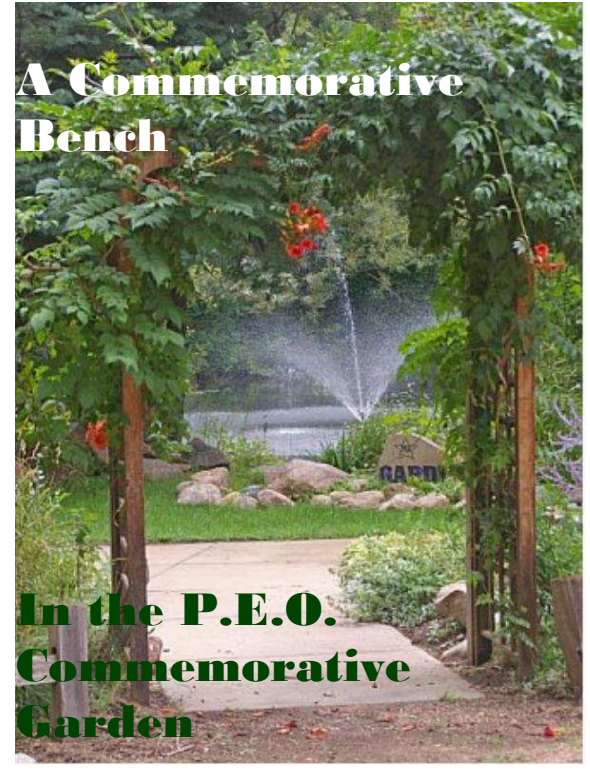
Your Name: _____ Chapter: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ e-mail: _____
Check No. _____ Amount: \$ _____ enclosed.

Do you wish us to send an acknowledgement to the beneficiary of your donation? Yes No .

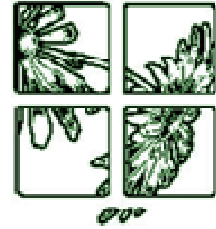
If yes, please provide the information in the space below:

Name(s): _____ Relationship: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

**Colorado P.E.O. Chapter House, Inc.
1819 West Cheyenne Road
Colorado Springs, CO 80906**



**Colorado P.E.O. Chapter House
Inc.**



719/473-7670

**www.peochapterhouse.org
e-mail: colopeo@msn.com**

