



Merchandise Order Form

Please check the boxes for the items you wish to purchase.

| | Qty | Item Cost |
|--------------------------------------|-------|-----------|
| Black Fever Hat (\$15 or 2/\$25) | _____ | _____ |
| Red Fever Hat (\$15 or 2/\$25) | _____ | _____ |
| "Hoodie" Sweatshirt (\$25 or 2/\$45) | _____ | _____ |
| Long Sleeve Shirt (\$15 or 2/\$25) | _____ | _____ |
| T-Shirt (\$10 or 3/\$25) | _____ | _____ |
| Total Cost | | _____ |

Payment Options

Option 1:

Please mail completed order form along with check payable to FW Fever.

Option 2:

Please mail completed order form with credit card information below.

Type of Card: _____ (Visa, MC, Discover) Name on Card: _____

Card#: _____ Exp Date: _____

FW Fever Mailing Address: PO BOX 373, New Haven, IN 46774.