

Galactosemia Sterling Silver Awareness Bracelet Form

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Bracelets

of bracelets ____ size 6 $\frac{3}{4}$ " @ \$ 30.00 ea. _____

of bracelets ____ size 7 $\frac{1}{4}$ " @ \$ 30.00 ea. _____

of bracelets ____ size 7 $\frac{3}{4}$ " @ \$ 30.00 ea. _____

Shipping fee \$ 3.00 per item _____

TOTAL _____

Please make checks payable to:

**PGC
P.O. Box 2401
Mandeville, LA 70470-2401**