



ORDER FORM

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Date: _____
First/Last Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Mobile/Phone: _____ Email: _____

T-SHIRT

Type of Cancer (Will determine shirt color):

- | | | |
|--|--|---|
| <input type="checkbox"/> Appendix - Gold | <input type="checkbox"/> Bile Duct/Gallbladder - Kelly Green | <input type="checkbox"/> Bone/Sarcoma - Yellow |
| <input type="checkbox"/> Brain - Gray | <input type="checkbox"/> Breast - Dark Pink | <input type="checkbox"/> Colon - Navy |
| <input type="checkbox"/> Leukemia - Orange | <input type="checkbox"/> Liver - Forest Green | <input type="checkbox"/> Lung - White |
| <input type="checkbox"/> Lymphoma - Lime | <input type="checkbox"/> Melanoma - Black | <input type="checkbox"/> Multiple Myeloma - Maroon |
| <input type="checkbox"/> Ovarian - Tropic Blue | <input type="checkbox"/> Pancreatic - Purple | <input type="checkbox"/> Prostate Cancer - Light Blue |

Shirt Size:

- Men's XS S M L XL XXL 3XL 4XL
- Women's XS S M L XL XXL 3XL 4XL

Total Number of XS - XXL Shirts: _____ x \$25 ea. = \$ _____

Total Number of 3XL Shirts: _____ x \$27 ea. = \$ _____

Total Number of 4XL Shirts; _____ x \$30 ea. = \$ _____

Sub-Total: \$ _____

Postage: \$ _____

Total: \$ _____

Credit Card:

- Visa MC Amex Discover

Credit Card # _____

Expires: _____ / _____ CSV: _____

Name on Card: _____

Signature: _____

Ship to above address:

- Yes No

Shipping Address: _____

City: _____ State: _____

Zip: _____