



# ORDER FORM

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

## SHIRT

Type:  Short Sleeve Tee \$25 ea.  V-Neck Tee \$25 ea.  Long Sleeve Tee \$28 ea.  Polo \$35 ea.

Cancer (Will determine shirt color or choose Custom and enter 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 - Neon 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 | <input type="checkbox"/> Custom: _____             |

Shirt Size:  XS  S  M  L  XL  XXL  3XL  4XL  
+ \$2.00 + \$4.00

Gender:  Male  Women's

## HAT

Type:  Baseball \$15 ea.  Beanie \$20 ea. Cancer Type: \_\_\_\_\_

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

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

Total Number of 4XL Shirts: \_\_\_\_\_ x \$\_\_\_\_\_ ea. = \$\_\_\_\_\_

Total Number of Hats: \_\_\_\_\_ x \$\_\_\_\_\_ ea. = \$\_\_\_\_\_

Sub-Total: \$\_\_\_\_\_

Postage: \$\_\_\_\_\_

Total: \$\_\_\_\_\_

Ship to above address:

Yes  No

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Credit Card:

Visa  MC  Amex  Discover

Credit Card # \_\_\_\_\_

Expires: \_\_\_\_\_ / \_\_\_\_\_ CSV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_