



**MASONIC SERVICE ASSOCIATION OF NORTH AMERICA**

**813 1<sup>ST</sup> AVE SE STE 357**

**CEDAR RAPIDS, IOWA 52402-5001**

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**ORDER FORM**

Date of Order: \_\_\_\_\_

Item #	Quantity	Item Name	Price Each	Total
<b>SUBTOTAL</b>				
<b>SHIPPING</b>				TBD
<b>ORDER TOTAL (TO BE INVOICED)</b>				

**CUSTOMER DETAILS**

Shipping Information	Billing Information (If different from Shipping Address)
Name:	Name:
Street Address:	Street Address:
City:	City:
State and Zip:	State and Zip:
Phone:	Email:
<b>Payment Method:</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
Credit Card Number: _____ Expiration Date: _____ CCV: _____	
Cardholder Signature: _____	