



## Car Decal Order Form

**Date:**

**Name:**

**Chapter/Assembly:**

**E-mail:**

Quantity (\$5 each)	Chapter Name (+\$3)	Cost

**Total Cost =**

**All order forms and payment are to be mailed to 215 West  
Street Florence, NJ 08518**

**\*Please make checks payable to New Jersey DeMolay\***

**Please E-mail all special requests (DeMolay Taxi, DeMolay  
Mom/Dad, etc.) to Mom Golway at [cgolway@gmail.com](mailto:cgolway@gmail.com)**