

2009 Madrigal Dinner

CD Order Form

Name: _____

Address: _____

City/State/Zip: _____

Phone#(H): _____ (Wk/Cell): _____

Qty:

CD _____ @ \$12 each = \$ _____

Please return this form along with payment in an envelope marked MADRIGAL CD ORDER to the musical container in the choir room NO LATER THAN DECEMBER 12TH. All check should be made out to LWE MUSIC DEPARTMENT.

For Office Use Only: Total \$ enclosed _____ Cash/Check* _____