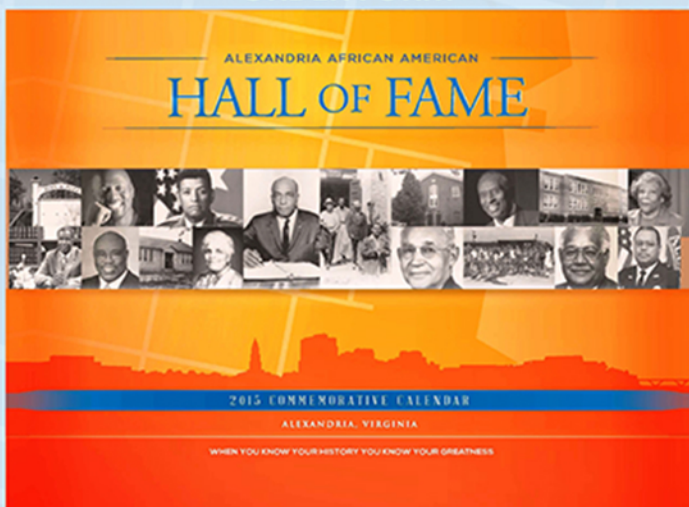




ALEXANDRIA AFRICAN - AMERICAN HALL OF FAME COMMEMERATIVE 2015 CALENDAR

ORDER FORM



Date: _____

Name/Company: _____

Address: _____

State: _____

Zip Code: _____

Phone: _____

E-mail: _____

Deliver To Same as Above: _____ (check)

Name/Company: _____

Address: _____

State: _____

Zip Code: _____

Phone: _____

E-mail: _____

Quantity: _____

Unit Price: **\$10.00**

Amount: _____

+ Postage: _____

Grand Total: _____

Payment:

Please send check payable to The Alexandria African American Hall of Fame Project, LLC.
PO Box 1051, Alexandria, VA 22313

For questions contact Julian Haley at 571-217-9951 or at AAAHallofFame13@gmail.com