# PD MERCHANDISE ORDER FORM

**Purchasers Name:** _____

**Public Defenders Name:** _____

**Circuit:** _____

**Street Address:** _____

_____

_____

**City:** _____

**State:** _____

**Zip:** _____

| ITEM DESCRIPTION | QUANTITY | *SIZE | *COLOR | PRICE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* Fill in only if applicable