



CASCADE FIREFIGHTERS' ASSOCIATION

Reflective Address Marker

Order Form



☐ VERTICAL



☐ HORIZONTAL

PREFERRED MOUNTING *(Should be close to driveway):*

- | | | |
|---|---|--|
| ☐ Steel Post | ☐ Existing mailbox fixture | ☐ Yard light post |
| ☐ Use our experience | ☐ Leave at front door | ☐ Other _____ |

Address(es) to be on sign(s) (Up to 5 numerals): _____

Special instructions _____

Signs are \$20.00 each and the installation is included (within 15 miles of Cascade). Please allow 4 weeks for delivery or installation. Method of payment: CASH _____ CHECK _____

Please make checks payable to: **CASCADE FIREFIGHTERS' ASSOCIATION**

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: _____

Send completed form and payment to: Cascade Firefighters' Association
2990 Buttrick Ave SE
Ada, MI 49301

Thank you for your order. Questions or concerns may be directed to us at 616-949-1320.

.....OFFICE USE ONLY.....

Amount received: _____ Received by: _____ Date received: _____

Installation completed by: _____ Date installed: _____ Method of installation: _____