

STAFF BUSINESS CARD ORDER FORM

NAME:

TITLE/POSITION:

MAILING ADDRESS:

CITY:

ZIP:

LIST PHONE NUMBERS YOU WANT INCLUDED

LOCAL:

TOLL FREE:

FAX:

EMAIL:

Indicate if you want the Weingarten Rights on the back: **Yes** **No**

Indicate if you want the Staff Mission Statement on the back: **Yes** **No**

Quantity:

(Email orders accepted at jshillander@pseofwa.org if all of the above information is provided.)