



COOKBOOK FUNDRAISER ORDER FORM

NAME: _____

CONTACT EMAIL &
PHONE NUMBER: _____

NUMBER OF COPIES REQUESTED: _____

COST IS \$20 PER COPY
TOTAL DUE: _____

CREDIT CARD NO. _____

EXP DATE _____

3-DIGIT CODE _____

BILLING ZIP CODE _____

All payments processed through SQUARE.

Forward this order form to CCPA President, Luciann Givonetti at lgivonetti@macelree.com, or call Luciann at 610-840-0233 to place an order.

*If payment by CHECK, make check payable to:
CHESTER COUNTY PARALEGAL ASSOCIATION*

Mail to: CCPA – PO Box 295, West Chester, PA 19381-0295 PO BOX 295, WEST CHESTER,
PA 19381 CHESGOPARALEGAL.ORG
