

VIRTUAL NJ Walks for TS

T-Shirt Order Form



*T-shirt orders are collected separately from online donations.
Total team t-shirt sales will be credited to team captain's fundraising total.*

Name: _____

Team Name: _____

Shipping Address: _____

Phone: _____ E-mail: _____

T-Shirt Size and Amount: Small() Medium () Large () X-Large ()

Total Number of Shirts _____ X \$25 = _____

Payment: Credit() Fill out form below or Check () Make payable to NJ Center for Tourette Syndrome

Cardholder Name:

Billing Address:

Phone: _____

Card #: _____

Security Code: _____

Expiration: _____

Amount: \$ _____

Signature: _____



Online ordering is available at njcts.org/virtual