



*St. Thomas Aquinas
Pictorial Directory Order Form*

Name: _____

Address: _____

Phone number: _____

Email Address: _____

QUANTITY: _____ @ \$15 EACH = \$ _____

Payment Method:

CASH

CHECK

CREDIT CARD

ONLINE

***For credit card payments,
please provide the following information:***

Credit Card number: _____

Expiration Date: _____ Card ID (3 digits): _____ Billing Zip Code: _____

Authorization Signature: _____