



Cadet Care Basket Order Form

Cadet Name: _____

Date of Delivery: _____ Cadet's Company: _____

Select a Basket:

- _____ Birthday Basket \$30
- _____ Holiday Basket \$30
- _____ Cadet Send-Off Basket \$30
- _____ Congratulations/Achievement Basket \$30

Total Purchase Price: \$ _____

What would you like to include as the message on the card to your Cadet?

Your Contact Information:

Name: _____

Phone: _____

E-mail: _____

Method of Payment: ___ Cadet Account ___ Check ___ Cash Credit Card:

If paying by credit card, please select card type:

___ VISA ___ MasterCard ___ American Express ___ Discover

Card Number: _____

Expiration Date: _____

Zip Code: _____

Authorized Signature: _____

Thank you for your order!

For questions, contact Jill Schroeder, Director of Cadet Planning and Programs, at (262) 646-7102, fax order form to (262) 646-4796 or jschroeder@sinma.org.