



Lambda Epsilon Chi (LEX) Graduation Sash Invoice

Name of Chapter: _____

Month/Year Inducted into LEX: _____ Graduation Date: _____

Name of Inductee: _____

Quantity	Description	Unit Price	Total
_____	LEX Graduation Sash	\$35.00	\$ _____
_____	LEX Expedited Processing & Shipping <i>(If applicable – please see below)</i>	\$25.00	\$ _____
	Amount Paid		\$ _____

AAfPE will pay standard mailing costs for orders placed within a two-week delivery date. After that time, expedited shipping is recommended.

Ship to Name: _____

Address: _____

City: _____ State ____ Zip _____

Shipping Phone Number *(Required for expedited shipping)*: _____

Email: _____

Payment details:

Payment by Check payable to AAfPE Check #: _____ Amount \$: _____

Select Card Type Amex Visa MasterCard

Name on Card: _____ Authorized Amount \$ _____

Signature of card holder: _____

Card Number : _____

Exp Date: _____ CVV Code: _____

Please return form and payment to:

AAfPE, 222 S Westmonte Dr Ste 111, Altamonte Springs FL 32714

Phone: 407-774-7880

Fax: 407-774-6440 *(credit card payments only)*

Email: info@aafpe.org