202**3** State Capitol Tree Lighting Ceremony Ornament Shipping Form

(THIS FORM MUST BE INCLUDED IN PACKAGE WITH ORNAMENTS)

NAME OF CENTER/PROGRAM:	
CONTACT PERSON/TITLE:	
MAILING ADDRESS:	
CITY, STATE, ZIP:	
CONTACT TELEPHONE NUMBER:	
CONTACT EMAIL:	
BRIEFLY DESCRIBE ORNAMENTS SHIPPED:	
TOTAL NUMBER OF ORNAMENTS SHIPPED:	