



**South Carolina
Pharmacy Association**
One Profession, One License, One Voice!

Date: _____

Name: _____

Address for shipping: _____

Phone: _____

Select Your Fleece:

Men's _____ Women's _____ (\$30.00 for XS-XL; \$32 for 2XL)

Size(circle one) XS S M L XL 2XL

Color (circle one)

Black Heather Gray Navy Light Blue *Aqua *Raspberry

**Aqua and Raspberry are only available in the women's fleece.*

Logo Option (circle one)

SCPha logo PharmDiva logo

Color of logo: (circle one)

White Black Gray Navy Dark Green Pink Silver

Total: _____

***Includes standard shipping for orders under 3lbs, weight, shipped in the United States.**

Payment Type: _____ Cash _____ Check (made payable to SCPhA) _____ Credit Card (Visa/MC/Amex)

Credit Card Information

Name on Card: _____

Credit Card Number: _____

Billing Address: _____

Expiration Date: _____ CVV: _____