



*Supporting scientific research,
educational resources,
and community service for the
massage therapy profession*

T-Shirt Order Form

Chapter/Group Name _____

Your name: _____ Phone # _____

E-mail Address: _____

T-Shirt (\$20.00) Unisex, adult sizes. Please note quantity next to size.

Size	Quantity
S	
M	
L	
1X	
2X	
3X	
Total #	# x \$20
Amount Due	



Payment Method:

Enclosed is a check, made out to **Massage Therapy Foundation**. Check # _____

Please charge my credit card.

#: _____ Exp. Date: _____ CVV#: _____

Signature _____

Additional donation to Massage Therapy Foundation (optional): _____

Chapter/Group organizer will mail all forms and payments in bulk to:

Massage Therapy Foundation
500 Davis St., Ste 950
Evanston, IL 60201

*Thank you for supporting scientific research, education,
and community service initiatives*