

CHRIST ON CAMPUS



Higher Things Campus Ministry

Care Package Order Form

Spring 2012

For more information or to order online:
<http://higherthings.org/campus/carepackages>

Date: ____/____/____

Spring Semester – 2012 (\$40)

PURCHASER INFORMATION

Name			
Address:			
City:	State:	Zip:	
Primary Phone:			
E-mail:			
Home Church:			
Relationship to Student:	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Godparent/Sponsor <input type="checkbox"/> Congregation <input type="checkbox"/> Youth Group <input type="checkbox"/> LWML Group <input type="checkbox"/> Other: _____		
How did you hear about our Care Packages?	<input type="checkbox"/> HT Website <input type="checkbox"/> HT Magazine <input type="checkbox"/> Church Newsletter/Bulletin <input type="checkbox"/> Your Pastor <input type="checkbox"/> Facebook/Twitter <input type="checkbox"/> Other: _____		

STUDENT INFORMATION

Care Packages will be sent to the school address provided

Name:	Last:	First:	
School Address:			
City:	State:	Zip:	
E-mail:			
Cell Phone:	Birth Date:	/	/
Home Address:			
City:	State:	Zip:	
Home Church:			
College Attending:			
Year in School:	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Other		

Make checks payable to:
"Higher Things"

Questions? carepackages@higherthings.org

Please duplicate this form as necessary

Send to:

Christ on Campus Care Packages
% Higher Things
P.O. Box 155
Holt, MO 64048