

**State Bank Foundation
Koeze Order Form**

Name:

Phone Number:

Page #	Item #	Description	Quantity	Price Per Unit	Unit Total
			1		\$ 0.00
			1		\$ 0.00
			1		\$ 0.00
			1		\$ 0.00
			1		\$ 0.00
			1		\$ 0.00
				ORDER TOTAL:	\$ 0.00

**All orders and payments must be received by November 13. Please
make checks payable to the State Bank Foundation. Thank you!**