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## **PARACLETE ORDER FORM**

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Organisation:	_____
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Contact Number:	_____
Delivery Address:	_____
Email:	_____

Number Required:	_____
Amount Payable	\$ _____
(Min. order of 25)	(\$3.00 per copy)

**To ensure that your order will be filled please submit this form no later than Friday 25<sup>th</sup> March 2022.**

**A separate invoice will be issued for payment due at the end of April.**

