



M O R A V I A N
A C A D E M Y

Moravian Academy Spirit Store

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone Number: _____

*Orders are available for pick up at the Development Office – 7 East Market Street
or can be delivered for a slight charge.*

Payment Methods:

- Personal Check made out to Moravian Academy
- Charge to Moravian Academy Account (a parent/guardian signature is required)

Parent/Guardian signature: _____

- Credit Card: _____ Mastercard _____ Visa _____ American Express

Name on Card: _____

Card Number: _____ Expiration Date: _____

	ITEM	COLOR	SIZE	QUANTITY	x	PRICE	=	TOTAL PRICE
1					x		=	
2					x		=	
3					x		=	
4					x		=	
5					x		=	
6					x		=	
	ORDER TOTALS							

If you have any questions or require assistance contact Jack May at:
(610) 868-4744 or jmay@moravianacademy.org