



PROMOTIONAL ITEM ORDER FORM

| | PRICE | QUANTITY | TOTAL |
|---------------------------------|---------|----------|-------|
| EAT BEEF Caps | | | |
| High Crown Caps | | | |
| Red | \$15.00 | | |
| Navy | \$15.00 | | |
| Khaki | \$15.00 | | |
| Unstructured Caps | | | |
| Khaki w/ stitching | \$15.00 | | |
| Black w/ stitching | \$15.00 | | |
| Cardinal w/ stitching | \$15.00 | | |
| Light grey | \$15.00 | | |
| Purple | \$15.00 | | |
| Charcoal w/ ivory mesh back | \$15.00 | | |
| Black w/ white mesh back | \$15.00 | | |
| Khaki w/ tan mesh back | \$15.00 | | |
| Purple w/ white mesh back | \$15.00 | | |
| Structured Caps | | | |
| Royal blue w/ white mesh back | \$15.00 | | |
| Cardinal w/ white mesh back | \$15.00 | | |
| Purple w/ white mesh back | \$15.00 | | |
| Black w/ white mesh back | \$15.00 | | |
| Charcoal w/ white mesh back | \$15.00 | | |
| Heather grey w/ black mesh back | \$15.00 | | |
| Khaki w/ brown mesh back | \$15.00 | | |

| | PRICE | QUANTITY | TOTAL |
|------------------------------------|---|----------|-------|
| License Plates | | | |
| EAT BEEF | \$5.00 | | |
| EAT PORK | \$5.00 | | |
| EAT LAMB | \$5.00 | | |
| DRINK MILK | \$5.00 | | |
| Gift Certificates | Please complete membership application for recipient. | | |
| KLA Membership | \$120.00 | | |
| KLA and NCBA Membership | \$270.00 | | |
| Other | | | |
| Reward sign: 18" x 12" plastic | \$10.00 | | |
| KLA Member sign: 20" x 12" plastic | \$10.00 | | |
| Red Book | \$6.00 | | |
| KLA Bamboo Cutting Board | \$15.00 | | |
| "Yearlings" Print: 20" x 40" | \$100.00 | | |

Shipping cost based on quantity of items.

1 to 4 items: \$5.00
 5 to 9 items: \$8.00
 10 or more items: \$10.00

TOTAL OF ITEMS _____

SHIPPING _____

GRAND TOTAL _____

» **THREE EASY WAYS TO ORDER:**

- Mail order form with your check or credit card number to: KLA, 6031 S.W. 37th Street, Topeka, Kansas 66614
- Call KLA at 785-273-5115 to order with a credit card.
- Stop by the KLA office at 6031 S.W. 37th Street, Topeka, Kansas, during business hours.

Check Enclosed

OR

Card Number:

| | | | | | | | | | | | | | | | | | | | |
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Expiration Date:

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| | | | |
|--|--|--|--|

V #:

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MM YY

» **BILLING INFORMATION:**

Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

» **SHIPPING INFORMATION (IF DIFFERENT FROM ABOVE):**

Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____