



OASIS SHRINERS

Having Fun & Helping Children

PAPER CRUSADE PRE-SALE REPORT

Shrine Club/ Unit: _____

District: _____ County: _____

President/
Captain: _____ Phone: _____

Treasurer: _____ Phone: _____

Paper Crusade Chairman: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ E-mail: _____

Home Phone: _____

Business Phone: _____

Number of Papers needed: _____

Number of Posters needed: English _____ Spanish _____

Number of Pins needed: _____

Number of Aprons Needed @ \$20.00 each: _____

ADDRESS TO DELIVER PAPERS: MUST HAVE A PHYSICAL ADDRESS NO PO BOX

(Example: (604 Doug Mayes Place, Charlotte, NC 28262)

Business Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

PAPERS LESS THAN 1,000 MUST BE PICKED UP AT OASIS HEADQUARTERS