



Trinity Gospel Temple

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BROADCAST ORDER FORM

1612 Tuscarawas St W • Canton, Ohio 44708
330.453.2519 (ph) • 330.453.0145 (fax)

PURCHASE INFORMATION

Program #	Sermon Date	Broadcast Date	Item	Quantity	Total Price
_____	_____	_____	DVD \$11	_____	_____
			VHS \$11	_____	_____
			CD \$6	_____	_____
			Cass. \$6	_____	_____
_____	_____	_____	DVD \$11	_____	_____
			VHS \$11	_____	_____
			CD \$6	_____	_____
			Cass. \$6	_____	_____
_____	_____	_____	DVD \$11	_____	_____
			VHS \$11	_____	_____
			CD \$6	_____	_____
			Cass. \$6	_____	_____
Grand Total \$					_____

SHIPPING & PAYMENT INFORMATION

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____ E-Mail: _____

Purchase Total \$ _____

Please complete all information, and then mail this form with your payment to:

Trinity Gospel Temple
Broadcast Order
PO Box 20029
Canton, OH 44701

Check (# _____) Money Order Debit Card Credit Card Type: Visa MC Exp Date ____/____/____

Card Number: _____

3-Digit Security Number: _____

I authorize Trinity Gospel Temple to charge to my debit/credit card the above amount.

Signature _____

Date ____/____/____