HOUSE OF HEALING DMV
CHURCH SUPPLY ORDER FORM

DATE OF REQUEST	
REQUESTOR NAME	
TRIBE	SELECT TRIBE
ADDRESS WHERE SUPPLIES SHOULD BE MAILED	
CONTACT PHONE #	
E-MAIL ADDRESS	

	LIST THE SUPPLIES YOU NEED:	LIST QUANTITY BELOW:
X	***(EXAMPLE) Tithe Envelopes (BOX OF 250)***	*(EXAMPLE) 5 boxes*

EMAIL FORM TO THEHOUSEOFHEALINGDMV@GMAIL.COM