



Think Dexter First (TDF) Discount Card Pre-Order Form

(Mr./Mrs./Ms.) _____
Title First Name Last Name

Street Address City State Zip Code

Number of cards pre-ordered: _____ X \$20 = _____ Total Due

Style of TDF Card: Credit Card qty _____ Key Tag qty _____

Pick up TDF Card at HS (Y) or Deliver by ABCD Rep (Y)

Name of Team (s): 1 _____ 2 _____ 3 _____
(\$5 revenue/card)

4 _____ 5 _____

eMail address: _____

eMail addresses will not be sold. Purchasers of the TDF discount card have the option to opt out of the following.

Y N

To receive emails that update cardholders monthly about any changes in discounts.

To receive emails that update cardholders for the annual renewal of the TDF card.

Below to be filled out by the Team Rep or ABCD

Amount received: _____ Cash (Y) (N) Check number: _____ Card no. _____
CHECKS MADE OUT TO: ABCD

Mail Form(s) with check(s) to: ABCD
or drop off at HS AD office PO Box 461
Dexter, MI 48130

**CARDS WILL BE AVAILABLE NO LATER THAN MAY 1, 2008
AND GOOD FOR ONE YEAR.**