

Stein Mug Order Form

Your Name: _____

Nickname: _____

Branch/Corps/Unit:
(Example: U.S. Army, Medical Corps, 212th Combat Support Hospital)

Are you Retired?: Yes No

Dates of Service (Just Years): _____

Image Preference: Black & White Color

Will you send your own image? Yes No

If you said No, your mug will have you Branch of Service twice or Branch of Service plus Unit Insignia or Corps. Your mug will be in color if possible.

Send to shiflettalex@yahoo.com 727-268-1724