

WMCF McFarland Cable Channel 98/982
Program Duplication Order Form

Title of Program/Event _____

Time/Date of Event _____ Other Comments _____

Name _____ Phone # _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Please allow 1-2 weeks for duplication and delivery.

Make checks payable to and mail order forms to McFarland Cable Channel
P.O. Box 110 McFarland, WI 53558

of DVDs ordered _____ @ \$16 + Shipping \$ _____ = Total Paid \$ _____

DVDs may be picked up at the Municipal Center Main Office, unless you would like it shipped to you at a cost of \$2.50 each.

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