



Inmate Name:
Cell Location:
Facility Name, City, State:
Sender's Name:

**FRIENDS & FAMILY HOLIDAY PACKS (Naples, FL)**

08/13/2019

Qty	Item Description:	Item #	Size
<b><u>Holiday Pack:</u></b>			
1	- Candy Cane	3011	1.00 ea
1	- Snicker Candy Bar	310	1.00 ea
1	- Duplex Cookies	3551	5.00 oz
1	- Chocolate Chip Cookies	223	2.00 oz
1	- Hot Chocolate (5 pk)	110	5.00 pk
1	- Chicken Soup	240	3.00 oz
1	- Chili Soup	243	3.00 oz
1	- BBQ Chips	212	1.00 oz
1	- Beef Stick	260	1.00 oz
1	- Honey Bun	345	4.00 oz
1	- Moon Pie Banana	350	2.75 oz
2	- Stamped Envelope	801	2.00 ea
<b><u>Kit Price:</u></b>			
<b>\$11.40</b>			
Qty	Item Description:	Item #	Size
<b><u>Holiday Pack:</u></b>			
1	- Candy Cane	3011	1.00 ea
1	- Snicker Candy Bar	310	1.00 ea
1	- Duplex cookies	3551	5.00 oz
1	- Chicken Soup	240	3.00 oz
1	- Chocolate Chip Cookies	223	2.00 oz
1	- Hot Chocolate (5 pk)	110	5.00 pk
1	- Salted Peanuts	302	1.00 oz
1	- M&M Peanuts	316	1.00 pk
1	- Honey Bun	345	4.00 oz
<b><u>Kit Price:</u></b>			
<b>\$8.70</b>			

**\*ALL orders must be post marked by November 22, 2019.\***  
**Orders post marked after Nov. 22nd. Will NOT be packed/shipped.**

1. Complete the order by circling desired Holiday Pack. **\*Limit 1 Holiday Pack per inmate\***
  2. Provide ALL the Inmate's Information in the designated area at the top of the form.
  3. Provide your name in the designated area on the top right of the form.
  4. Include a **MONEY ORDER** payable to **Oasis Management**
- (We **ONLY** accept **MONEY ORDERS**. **NO** personal checks accepted. **NO REFUNDS**)
5. Send the **completed form** and **money order** to:

**Oasis Management Systems, Inc.**  
**5320 Lake Pointe Center Drive Suite A**  
**Cumming, GA 30041**