

Mail In Order Form

Mail Order Form To:
Kathleen Wichterman
11216 Applewood Drive
KC, Missouri 64134

Phone: 763-553-9618



Softcover
 8" x 8"

ORDERED BY:

Same

SHIP TO:

Name: _____

Home Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

PRICING: *Book Price:* \$9.95 Each
 Shipping & Handling \$4.50 Each
 Sub-Total: **\$14.45** (Non-Minnesota shipping address)

Add 7.275% Sales Tax \$1.05 (If shipping to a Minnesota address)
 Total: **\$15.50**

AMOUNT ENCLOSED:

	Quantity		At	= \$	Total
Non-MN	<input type="text"/>	@	\$14.45	= \$	_____
MN	<input type="text"/>	@	\$15.50	= \$	_____

MAKE CHECKS PAYABLE TO:
Kathleen Wichterman

PAY BY CREDIT CARD:

Type of Credit Card Visa
 Mastercard

Name on card _____

Card number _____

Expires on _____ / _____

3 digit security code on back of card _____

Billing address for card _____

City State Zip of billing address for card _____

Card Holder Signature _____