Bob Feller Museum

PO Box 95
310 Mill Street
Van Meter, IA 50261

Phone: 515-996-2806
Fax: 515-996-2952
Email: info@bobfellermuseum.org

Office Use Only:

_____Rec'd _____Ret'd

Mail In Order Form

Customer:

_____
Name
_____
Address
_____
_____
City State Zip

Daytime Phone: _____

Email: _____

Return to: (if different from Customer)

_____
Name
_____
Address
_____
_____
City State Zip

Daytime Phone: _____

Item	Description (including guest name if seeking autograph)	Autograph Fee	Total
			$
			$
			$
			$
			$
S & H Charges		*Subtotal*	$
Balls/Flats $10		*Shipping & Handling*	$
Bats/Jerseys $15	*Please provide Certificates of Authenticity*	*COAs X* _____	$
	$1 each members, $3 for non-members	***Balance Due***	**$**

Special Instructions or Requests:
(Use back of form if necessary or attach additional sheet)

THIS FORM MAY BE COPIED.

Payment Information:

_____Check Enclosed

_____Please charge to the following credit card:
____MC ____Visa ____Discover ____American Express

_____ - _____ - _____ - _____ Card Number
_____/_____ Expiration Date

_____Name on Card