

Bob Feller Museum

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Office Use Only:

_____ Rec'd _____ Ret'd

Mail In Order Form

Customer:

Return to: (if different from Customer)

Name _____
Address _____
City _____ State _____ Zip _____
Daytime Phone: _____
Email: _____

Name _____
Address _____
City _____ State _____ Zip _____
Daytime Phone: _____

Item	Description (if necessary)	Autograph Fee	Total
			\$
			\$
			\$
			\$
			\$
<u>Shipping Insurance is the</u>		<i>Subtotal</i>	\$
<u>responsibility of the Customer.</u>		<i>Shipping & Insurance</i>	\$
		<i>Holograms X</i> _____	\$
		<i>Balance Due</i>	\$

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