Today's Date _____

MY INFORMATION: Name _____ Company/Firm Name _____ Street Address _____ City _____ State ___ Zip _____ Telephone _____ E-mail _____

My shipping date preference is ____12-14 November _____ 26-28 November _____3-5 December _____ 10-12 December

(please check 1 week only-if you do not specifify we will ship 3-5 Dec.)

I will be sending my own cards to be included with my gifts ____YES ____NO

I will pay for my order by ____ check to be mailed ____ credit card number_____ exp. date_____ security code_____

(please note no order will be processed until payment in full in received)

RECEIPIENTS' INFORMATION:

Gift Choice	Quantity	Name	Company/Firm Name	Street Address	City	State	Zip	Telephone
piece total			(please use additional sheets if necessary)					