P.S. GREETINGS ORDER FORM

COMMUNION

PLEASE PRINT

Name

Bill To

Dept. #

Street Address

City/State/Sip

SHIP DATE:

Telephone #

Ship To *(if different than Bill To)*

Dept. #

Street Address

City/State/Zip

ITEM	RETAIL	CAPTION	1/2 DOZ.
COM19-283	1.75	GENERAL	
COM19-284	1.75	GENERAL	
COM19-379	2.00	GENERAL	
COM50-1158	2.00	GENERAL	
COM50-1475	2.00	GENERAL	
COM50-1477	2.00	GENERAL	
COM50-1478	2.00	GENERAL	
COM50-1480	2.00	GENERAL	
COM50-1960	2.00	GENERAL	
COM50-1961	2.00	GENERAL	
COM50-271	2.00	GENERAL	
COM50-871	2.00	GENERAL	
COM99-2	2.00	GENERAL	
MCOM50-1479	1.25	MONEY HOLDER	
MCOM50-1480	1.25	MONEY HOLDER	
MCOM50-1481	1.25	MONEY HOLDER	

ITEM	RETAIL	CAPTION	1/2 DOZ.

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