P.S. GREETINGS ORDER FORM

CONFIRMATION

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.
CON19-392	2.00	GENERAL	
CON50-1390	2.00	GENERAL	
CON50-1419	2.00	GENERAL	
CON50-1474	2.00	GENERAL	
CON50-1476	2.00	GENERAL	
CON50-1481	2.00	GENERAL	
CON50-1962	2.00	GENERAL	
CON50-1963	2.00	GENERAL	
CON50-1964	2.00	GENERAL	
CON50-1965	2.00	GENERAL	
CON99-1	2.00	GENERAL	
MCON50-1474	1.25	MONEY HOLDER	
MCON50-1475	1.25	MONEY HOLDER	
MCON50-1476	1.25	MONEY HOLDER	
MCON50-1477	1.25	MONEY HOLDER	
MCON50-1478	1.25	MONEY HOLDER	

ITEM	RETAIL	CAPTION	1/2 DOZ.

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