P.S. GREETINGS ORDER FORM

Grandparent's Day

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.
7808	1.75	General	
7803	1.75	General	
7804	1.75	General	
7805	1.75	General	
7806	1.75	General	

ITEM	RETAIL	CAPTION	1/2 DOZ.

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