P.S. GREETINGS ORDER FORM

ST. PATRICK'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.
5003	1.75	GENERAL	
5012	2.00	GENERAL	
5020	2.00	GENERAL	
5021	2.00	GENERAL	
5022	2.00	GENERAL	
5023	2.00	GENERAL	
5024	2.00	GENERAL	
5025	2.00	GENERAL	

ITEM	RETAIL	CAPTION	1/2 DOZ.

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