ORDER FORM - FR. SOLANUS GUILD ONLY **DATE** _____

Name _____

Address _____

City/St/Zip _____

Phone ( ) _____ Alt. Phone ( ) _____

☐ Please bill my Visa / MasterCard / Discover / American Express:

Card # _____ Exp. Date _____

☐ **THIS IS A GIFT. Please ship to:** Name _____

Address _____ City/St/Zip _____

Item#	Item Name	Unit Price	Quantity	Total

Please allow 2-3 weeks for delivery.

Thank you!

Subtotal $ _____

Guild Membership Item #s

MEMB-1 ... Life: Individual $35
MEMB-2 ... Life: Family $100
MEMB-3 ... Annual: Indiv. $10
MEMB-4 ... Annual: Family ... $20

Michigan Residents: Add 6% Sales Tax $ _____

SHIPPING & HANDLING
Add to the Subtotal:

Orders under $15.00 ..... $5.00
$15.01 to $30 ..... $6.00
$30.01 to $70 ..... $7.00
$75.01 to $125 ..... $8.00
$125.01 up ..... 7% of subtotal

Shipping $ _____

Add'l Alms $ _____

TOTAL $

FOR OFFICE USE:

❑ Shipped. Date _____

By _____