

**ORDER BY MAIL:**

**Wolfe Pack Press, Inc.**

**Complete this form and Mail With Payment to:**

**Wolfe Pack Press, Inc.  
PO Box 346  
Benzonia, Michigan 49616**

**Purchaser's Name:** \_\_\_\_\_

**Purchaser's Address:** \_\_\_\_\_

**Purchaser's Daytime Phone Number:** \_\_\_\_\_

**Purchaser's Email Address (Optional):** \_\_\_\_\_

<b>Item</b>	<b>Format</b>	<b>Price Per Item</b>	<b>Number of Items</b>	<b>Total Price</b>
			<b>TOTAL</b>	

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Name As It Appears on the Card:** \_\_\_\_\_

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**Make Checks Payable To:**

**Wolfe Pack Press, Inc.**