NOTE CARD ORDER FORM

Name_____

Street/PO Box_____

City_____

State/Province _____

Zip/Postal Code_____

Daytime Phone (_____) _____

E-mail_____

Card No.	Qty.	Cost	Amount
		x $1.50 =	
		x $1.50 =	
		x $1.50 =	
		x $1.50 =	
		x $1.50 =	
		x $1.50 =	
		x $1.50 =	
		x $1.50 =	
		x $1.50 =	
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		x $1.50 =	
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		x $1.50 =	
		x $1.50 =	
		x $1.50 =	
		x $1.50 =	
		x $1.50 =	
		x $1.50 =	
		x $1.50 =	
Subtotal		x $1.50 =	

ALL cards $1.50 each

plus shipping & handling

# of cards	S & H
1 - 6	$3.00
7 - 12	$4.00
13 - 18	$5.00
19 - 24	$6.00
25 - 30	$7.00
31 - 36	$8.00
37+	15% of total

Make check payable to:
School Sisters of Notre Dame

Mail ORDER FORM and CHECK to:
Genevieve Cassani, SSND
320 East Ripa Ave.
St. Louis, MO 63125

Thank you!

+ S & H _____= Total Amount Due _____