**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 |
|---|---|---|---|---|
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*Please allow 2-3 weeks for delivery.*

*Thank you!*

Subtotal $ _____

**Please mail this form with payment (and make checks) payable to:**

**Fr. Solanus Guild**
**1780 Mt. Elliott**
**Detroit MI 48207**

**Michigan Residents: Add 6% Sales Tax $** _____

**SHIPPING & HANDLING**
Add to the Subtotal:

| | |
|---|---|
| Orders under $15.00 | $5.50 |
| $15.01 to $30 | $6.50 |
| $30.01 to $70 | $7.50 |
| $75.01 to $125 | $8.50 |
| $125.01 up | 7% of subtotal |

Shipping $ _____

Add'l Alms $ _____

**TOTAL $**

FOR OFFICE USE:

❑ Shipped. Date _____

By _____