

De Mon Jardin Pressed Botanicals Order Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: () _____ E-mail: _____

| Design Name | Quantity | Size | Olive Frame | Black Frame | Price |
|---|----------|------|-------------|-------------|-------|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| Subtotal: | | | | | \$ |
| S & H* | | | | | \$ |
| PA residents: add 6% tax to frame and S&H | | | | | \$ |
| TOTAL: | | | | | \$ |

**S & H: 8x10: \$10; 9x11: \$12; all other sizes: \$15. All packages are insured.*

Notes/Comments: _____

Method of Payment:

Check *(Please make checks out to De Mon Jardin)*

Visa Mastercard Card#: _____

Expiration Date (M/Y): ____ / ____

CVV: _____

Signature: _____

Please mail this form and payment to:

Mireille Munnelly - De Mon Jardin
 809 St Francis Drive
 Broomall, PA 19008