Blossom Gulch 2010 ORDER FORM

NAME_____

ADDRESS_____

TOWN_____ STATE/ZIP_____

EMAIL_____ PHONE_____

PREFERRED SHIPPING WEEK (CHECK ONE) : MARCH 29___ APRIL 5___

APRIL 12___APRIL 29___ APRIL 26___ MAY 3___ MAY 10___ MAY 17___

IF A VARIETY IS SOLD OUT, YOUR PAYMENT IS REFUNDED BY DEFAULT. IF A SUBSTITUTE IS PREFERRED PLEASE CHECK HERE ____ WE WILL CONFIRM YOUR ORDER AND SEND ANY REFUND VIA EMAIL OR STANDARD MAIL UPON RECEIPT OF PAYMENT. WE WILL NEVER SHARE YOUR PERSONAL INFORMATION

QNTY	VARIETY NAME	EACH	TOTAL

CHECK OR MONEY ORDER TO:
BLOSSOM GULCH, 95131 MATTSON LANE
COOS BAY, OR 97420
OUR EMAIL: blossomgulch@gmail.com
OR CALL: (541)290-9011

SUBTOTAL_____
SHIPPING ___9.95

TOTAL _____