



Holiday Card Packs Order Form

(Please fill in PDF form, print and mail with check or credit card information to Rosie's Place, Attn: Holiday Cards, 889 Harrison Avenue, Boston, MA 02118)

I would like to order the following design:

(See all designs at www.rosiesplace.org/holidaycards)

In the following quantity:

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Beacon Hill Sledders (NEW) | _____ packs x \$20 = \$ _____ |
| <input type="checkbox"/> Newbury Street Snowfall | _____ packs x \$20 = \$ _____ |
| <input type="checkbox"/> Winter Evening in the Boston Public Garden | _____ packs x \$20 = \$ _____ |
| <input type="checkbox"/> Winter Evening, Copley Square | _____ packs x \$20 = \$ _____ |
| <input type="checkbox"/> City Lights | _____ packs x \$20 = \$ _____ |
| <input type="checkbox"/> Boston Winter Twilight | _____ packs x \$20 = \$ _____ |
| <input type="checkbox"/> Last Glow | _____ packs x \$20 = \$ _____ |
| <input type="checkbox"/> Back Bay Winter Twilight | _____ packs x \$20 = \$ _____ |
| <input type="checkbox"/> Winter Friends | _____ packs x \$20 = \$ _____ |
| | |
| <input type="checkbox"/> Rosie's Place Favorites (15-card variety pack) | _____ packs x \$26 = \$ _____ |

I would also like to donate to Rosie's Place \$ _____

TOTAL ORDER= \$ _____

Shipping and Billing Information

Bill order to: **Name:** _____

Company: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Phone: _____ **Email:** _____

Ship order to: **Name:** _____

If different from
billing info

Company: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Phone: _____ **Email:** _____

Enclosed is my check made payable to Rosie's Place

OR

Please charge my Visa American Express MasterCard Discover

Credit Card #: _____ Exp. Date: _____

Sign up for our e-newsletter

How did you hear about Rosie's Place holiday cards? _____

Thank you for your holiday card order!