

Silhouette Order Form

Name(s): _____

Phone: _____ - _____ _____ Appt time: _____:

View samples and get more info at: www.silhouettefundraiser.com

Original silhouette(s) No. _____ x \$30. = _____ .00

Order one original per subject

Extra copies No. _____ x \$15. = _____ .00

Enter total number of copies for
all subjects combined (limit 2 per person)

8"x10" mats No. _____ x \$10. = _____ .00

Sized for one silhouette

11"x14" mats No. _____ x \$20. = _____ .00

Sized for grouping of two or three

5"x7" oval frames No. _____ x \$40. = _____ .00

Sized for one silhouette

Sub-total: = _____ .00

If percentage is filled in, please add Sales tax ____% = _____ .00

Total: = \$ _____ .00

Please make checks payable to: _____

Return form and payment by this date: _____/_____/_____