

DVD ORDER FORM

DVD _____ X \$20.00 = _____

SHIPPING = \$4.00

Circle one: CASH CHECK # _____ TOTAL PAID = _____

SHOW DATE: Feb 12, 2009 EVENT: AND THEN THERE WERE NUNS

SHIP TO: NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

MAKE CHECK PAYABLE TO: **PATRICK D. COLLINS**

MAIL TO: 735 CITRON AVENUE, SUNNYVALE, CA 94087

VOICE: 408-736-4989 -- FAX: 408-736-1027

Orders received **THREE WEEKS** after show date may be delayed