Order Form

Order Form					arc	
Customer Name:				_	2	
Address:				_		
City: Stat					5 dh	
E-mail Address:						
Daytime Phone:						
Print and mail for to Clara's Coll or money order with form OR o				PA 16003.	Send check	
US Funds Only						
ltem - Fabric/Pattern Name & N	lo.	Size	Price	Qty	Total	
Dleace e mail us at	Subtotal:					
Please e-mail us at lisa@clarascollars.com for	(PA residents only) 6% Tax:					
shipping and handling charges	Shipping Charges:					
	1	Constant				

Grand Total: