New Sweden Centre Product Order Form

Ship to: (please print)

Name_____Date_____

Address_____

City_____ State_____ Zip _____

Telephone_____Fax_____

Email address_____

Quantity	Item#	Description or Title	Size	Unit Cost	Total

TOTAL_____

Payment: (Payable to "New Sweden Centre")

__ Check#_____

__ Visa#_____ Exp._____

__ Other Charge#_____Exp._____

Signature_____ Date_____

Send to: New Sweden Centre, PO Box 163, Yorklyn, DE 19736-0163
Please allow 2-3 weeks for delivery