

## Book Order Form - *Lowell*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Number of Copies \_\_\_\_\_ x 21.99 each \_\_\_\_\_

6% sales tax \_\_\_\_\_

\$4.00 shipping if out of the Lowell area \_\_\_\_\_

TOTAL \_\_\_\_\_

Cash, Check or Charge accepted.

VISA/MasterCard/Discover \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_  
(16 digits)

Signature \_\_\_\_\_

Return order form and payment to: The Lowell Area Historical Museum PO Box 81  
Lowell, MI 49331