Name		Daytime Phor	ne	Organization		
Address		City		State	ZIP Code	
☐ Check ☐ Purchase Order (Cop.	y attached)	□ VISA □ MasterCard				
Account Number Card Expires Mo. Yr.			DO	Make Check Payable to: NATIONAL ARCHIVES TRUST FUND DO NOT SEND CASH PRICES AND AVAILABILITY SUBJECT TO CHANGE WITHOUT NOTICE		
Signature						
ITEM NUMBER	QTY.	DESCRIPTION			PRICE EACH	T
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					Merchandise Total	
SEND ORDERS TO:			SHIPPING & HANDLING	FEE	Shipping & Handling	
National Archives Trust Fund			Total Amt. Per Order	Fee	Order Total	
Dept. 350			Up to \$50	\$3		FOR YOUR ORD
P.O. Box 100793			\$50.01 and \$100	\$5		
Atlanta, GA 30384			Over \$100	5% of merchandise total.		