

Schulz Museum Store Mail Order Form
Use the mouse and arrow keys to move between fields.
 Do Not Use the Return or Enter key to move between fields.

Name:		Date:
Billing Address:		
City/State/Zip:		
Country:		
Phone AM:	Phone PM:	E-Mail:
Shipping Information (if different from above)		
Ship to Name or Company Name		Is this a gift? Yes No
Ship to Address:		
City/State/Zip:		
Country:		
Visa, MasterCard, Discover, or American Express		
Card Number and Expiration Date:		
Signature:		
I agree to be responsible for all local shipping carrier brokerage fees and taxes.		
Signature and Date:		

If mailing, enclose check or money order made out to Charles M. Schulz Museum.

DO NOT SEND CASH.

All Prices Are In US Funds.

Please Use Back or Dark Blue Ink Only.

Item No.	Product Description (Include size & style for clothing)	Quantity	Price	Total
CMSM Membership Number and Expiration Date:		Sub Total		
10% Discount for Members Only		Member Discount		
Museum Staff only, please leave blank		Shipping		
Museum Staff only, please leave blank		Order Total		