

Use Priority Code **34RYC**

Mail	Call Toll Free	Fax Toll Free	Online
To the address above	Call between 9:00am - 5:00pm ET at 1-866-717-3401	Complete this form and fax to 1-800-465-3400	Visit us at www.GalleryCollection.ca

(If you Fax, Phone or order on the internet, please do not mail the original or a copy to avoid duplication.)

1 Simply fill in number of boxes. Each box contains 35 of our most popular cards and 38 Seal Fast envelopes.
 Visit us online to see the designs in each box type www.gallerycollection.ca



- | | | | |
|---|--|--|--|
| <input type="checkbox"/> All-Occasion 1 Assortment
<i>Design 701918</i> | <input type="checkbox"/> All-Occasion 2 Assortment
<i>Design 701920</i> | <input type="checkbox"/> From All Of Us Birthday Assortment
<i>Design 701926</i> | |
| <input type="checkbox"/> Birthday 1 Assortment
<i>Design 701928</i> | <input type="checkbox"/> Birthday 2 Assortment
<i>Design 701930</i> | <input type="checkbox"/> Birthday 3 Assortment
<i>Design 701932</i> | <input type="checkbox"/> Formal Birthday Assortment
<i>Design 701924</i> |
| <input type="checkbox"/> Thank You Assortment
<i>Design 701902</i> | <input type="checkbox"/> Get Well Assortment
<i>Design 701937</i> | <input type="checkbox"/> Anniversary Assortment
<i>Design 701916</i> | <input type="checkbox"/> Fine Art Assortment
<i>Design 701935</i> |
| <input type="checkbox"/> Sympathy Assortment
<i>Design 701939</i> | <input type="checkbox"/> Formal Sympathy Assortment
<i>Design 701941</i> | <input type="checkbox"/> Holiday Assortment
<i>Design 701945</i> | |

2 To order an assortment box advertised online that is not listed above, please fill in the design number and quantity below:

<input type="text"/>	_____	_____
Qty.	Design No.	Assortment Box Name
<input type="text"/>	_____	_____
Qty.	Design No.	Assortment Box Name

Pricing Information

1 Box \$77.50 2-9 Boxes \$69.50 (each box) 10 or more Boxes \$65.50 (each box)

Plus all applicable taxes, shipping & handling. You may total all boxes for quantity rate. Personalization not available.

3 Bill To: (Must match credit card statement if charging.)

4 Ship To: (Only fill in if different than Bill To Address.) **NOTE:** Street Address needed for delivery.

Name _____

Company _____

Street Address _____

City _____ Province _____ Postal Code _____

Name _____

Company _____

Street Address _____

City _____ Province _____ Postal Code _____

5 Payment Choice: BILL ME or charge to: VISA MC AMEX

Credit Card# _____ Exp. date _____ / _____

6 Ordered By:

Print name clearly _____ Title _____ Signature _____

() _____ () _____

Daytime Phone Number _____ Fax Number _____

E-mail Address _____
 This address will be used to send order confirmation and shipping notifications
 Yes, I also want to receive future promotions by email. You can change your preferences by calling 1-866-717-3401 or by email: info@gallerycollection.ca.