

Quilt in a Bag®

Kits for the Cure

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 pam@quiltinabag.com

Bill to:

Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____
 Email: _____

Ship to:

Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____
 Email: _____

Quantity	Name of Kit or Backing	Unit Price	Total
*Matching Quilt Backing is available on selected quilts only. Please order the matching backing as a separate item.		Subtotal	
*Shipping is \$7.50 for the first item, \$3.00 for each additional item.		Tax (CA residents only - 7.75%)	
		Shipping	
		Total Due	

Please Circle: Visa MasterCard American Express

Card Holder Name _____

Card Number _____

Exp. Date _____

Signature X: _____

If paying by check, please make it out to: Quilt in a Bag

Some items are limited so please call or email us to hold the kits(s) while we wait to receive your order form and payment.

