



Lilycards, c/o Group 160, Box 4, R.R. #1, Vermette Manitoba R0G 2W0

ORDER FORM

Item Name	Item Type	Price
	Shipping	
	Total	

Billing Information

Name _____

Shipping Address _____

City _____ State/Province _____ Zip/Postal Code _____

E-Mail _____ Home Phone _____

Work Phone _____ Fax _____

Please allow 30 days for the items to be shipped.