

GREENLEAF INDUSTRIES

CHRISTMAS WREATH ORDER FORM

Your name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Ship to:

Name _____

Street address _____ Apt./Space # _____

City _____ State _____ Zip _____

Greeting card message _____

Approx. desired delivery date _____

Send check, money order or credit card number (visa/mastercard only) to:

Greenleaf Industries
1630 Williams Hwy.
PMB 192
Grants Pass, OR 97527

OR

Call (541) 474-0571

Fax (541) 474-2485

Additional orders

Ship to:

Name _____

Street address _____ Apt./Space # _____

City _____ State _____ Zip _____

Greeting card message _____

Approx. desired delivery date _____

Additional orders:

Your name _____ Page _____

Ship to:

Name _____

Street address _____ Apt./Space # _____

City _____ State _____ Zip _____

Greeting card message _____

Approx. desired delivery date _____

Ship to:

Name _____

Street address _____ Apt./Space # _____

City _____ State _____ Zip _____

Greeting card message _____

Approx. desired delivery date _____

Ship to:

Name _____

Street address _____ Apt./Space # _____

City _____ State _____ Zip _____

Greeting card message _____

Approx. desired delivery date _____