

<b>Purchaser:</b>	Name (First) _____ (Last) _____																										
<b>Mailing Address:</b>	Street Address _____																										
	City _____	State _____	Zip _____																								
<b>Contact Info:</b>	Telephone _____	Fax _____	E-mail _____																								
<b>Payment options</b>	Pendleton/MBDC Cradle to Cradle Baby Blankets <ul style="list-style-type: none"> <li>• Cost: \$38.00 per blanket</li> <li>• Shipping and handling: \$5 for first blanket, \$2.50 for each subsequent blanket shipped together.</li> <li>• Sales tax: \$1.71 per blanket</li> </ul> <table style="margin-left: 40px; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Price</th> <th style="text-align: left;">Subtotal</th> </tr> </thead> <tbody> <tr> <td>Blanket(s)</td> <td>_____ x</td> <td>(\$38) =</td> <td>_____</td> </tr> <tr> <td>Shipping (1<sup>st</sup>)</td> <td></td> <td></td> <td>\$5.00</td> </tr> <tr> <td>Shipping (addl.)</td> <td>_____ x</td> <td>(\$2.50) =</td> <td>_____</td> </tr> <tr> <td>Tax</td> <td>_____ x</td> <td>(\$1.71) =</td> <td>_____</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td></td> <td>_____</td> </tr> </tbody> </table> <p style="margin-left: 40px;"> <input type="checkbox"/> Check or money order enclosed. Please make checks payable to <b>MBDC</b> </p> <p style="margin-left: 40px;"> <input type="checkbox"/> Bill credit card                    <input type="checkbox"/> Visa                    <input type="checkbox"/> Mastercard                    <input type="checkbox"/> American Express                  (check one)             </p>				Quantity	Price	Subtotal	Blanket(s)	_____ x	(\$38) =	_____	Shipping (1 <sup>st</sup> )			\$5.00	Shipping (addl.)	_____ x	(\$2.50) =	_____	Tax	_____ x	(\$1.71) =	_____	<b>TOTAL</b>			_____
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<b>TOTAL</b>			_____																								
	Credit Card No. _____	Expiration Date _____																									
	Print name as shown on card _____																										
	Signature _____																										
	Cardholder acknowledges the charge of the above TOTAL amount, and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer																										
<b>Send order form</b>	Send or fax this form to: MBDC 401 E. Market St., Suite 201 Charlottesville, VA 22902 fax to (434) 295-1500.																										