

PETER STRICKHOLM

Order Form

Item _____ Price _____

Item _____ Price _____

Item _____ Price _____

Item _____ Price _____

Item _____ Price _____

Item _____ Price _____

Item _____ Price _____

Item _____ Price _____

Shipping/Handling _____ Price _____

Total _____

Address:

Phone: _____

Email: _____

Comments about reason(s)/interests for ordering.

Please send all orders to:

**Peter Strickholm
351 S. Madison
Bloomington, IN 47403**