

**Print Form or call 414-273-8288 to order over the phone**

Please Send Me:

Item:	Price:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**SubTotal:** \$ \_\_\_\_\_

Sales Tax (5.6% in Wisconsin) (x 0.056): \$ \_\_\_\_\_

Shipping & Handling: \$ \_\_\_\_\_

- Books \$5
- Milwaukee History Magazine \$1
- Posters \$1
- CD/DVD \$3
- Notecards \$1

**TOTAL PURCHASE** \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Email: \_\_\_\_\_

Ship to different address? Yes No (Circle One)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_ **made payable to MCHS**

**Please charge my credit card: Mail or Fax Only! Do Not Email Credit Card Info.**

Visa or Mastercard (Circle One)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Number: \_\_\_\_\_ (Back of Card)

Signature: \_\_\_\_\_