Blossom Gulch 2017 ORDER FORM

NAME_____
ADDRESS_____
TOWN_____ STATE/ZIP_____
EMAIL_____ PHONE_____

PREFERRED SHIPPING WEEK (CHECK ONE) : MARCH 27___ APRIL 3___

APRIL 10___ APRIL 17___ APRIL 24___ MAY 1___ MAY 8___

ON RECEIPT OF PAYMENT A CONFIRMATION WILL BE SENT. IF A VARIETY IS SOLD OUT YOUR PAYMENT WILL BE REFUNDED WITH THE CONFIRMATION. NO SUBSTITUTIONS UNLESS SPECIFICALLY ASKED TO DO SO. WE WILL NEVER SHARE YOUR PERSONAL INFORMATION WITH ANYONE.

QNTY	VARIETY NAME	EACH	TOTAL

CHECK OR MONEY ORDER TO:
BLOSSOM GULCH, 95131 MATTSON LANE
COOS BAY, OR 97420
OUR EMAIL: blossomgulch@gmail.com
OR CALL: (541)290-9011

SUBTOTAL_____
SHIPPING ___9.95

TOTAL _____