Gallaudet Museum Store Order Form

Name: ___________________________ Date: ___________________________

Phone Number: ___________________________ ☐ Text ☐ Videophone ☐ Voice

Email Address: __________________________________________________________

Shipping Address Information

Street Address: __________________________________________________________

City: ___________________________ State: ___________________________ Zip Code: ___________________________

<table>
<thead>
<tr>
<th>QTY</th>
<th>Item Description</th>
<th>Price</th>
<th>S/H</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A piece of original floor from Chapel Hall*</td>
<td>$25.00</td>
<td>$10.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Guardians of Chapel Hall – Artwork Book</td>
<td>$3.00</td>
<td>$3.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gallaudet University Museum Keychain</td>
<td>$1.00</td>
<td>$3.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Beverage bottle holder</td>
<td>$1.00</td>
<td>$3.00</td>
<td></td>
</tr>
</tbody>
</table>

* Please allow 4 – 6 weeks for delivery

Payment Information

Form of Payment: ☐ Credit Card ☐ Check (Memo “Gallaudet Museum Donations Fund”)

Name on Credit Card: __________________________________________________________

Type of Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Credit Card #: _________________________________________________________________

Expiration Date: MONTH: ___________________________ YEAR: ___________________________

STAFF ONLY

Staff Name: ___________________________ Date Received: ___________________________

Date Sent: ___________________________

Thank you for purchasing items from Gallaudet University Museum Store
100% of all proceeds go to the Gallaudet Museum Donations Fund