



Town of Minturn

PO Box 309
Minturn, CO 81645
phone – 970-827-5645
market@minturn.org

fax – 970-827-5545
www.minturn.org

“MINTURN, A MEMOIR” BOOK ORDER FORM

Purchaser's Name: _____

Purchaser's Mailing Address: _____

Purchaser's Phone Number: _____ Purchaser's Email Address: _____

Number of Books You Would Like to Purchase _____ (\$20 per copy plus an additional \$5 for shipping & handling per mailing address)

Please Check One of the Following Options

_____ Please reserve me _____ copies of “Minturn, A Memoir” at Minturn Town Center (302 Pine Street, Minturn), **and I will pick it up.**

_____ I would like this order **mailed** (add \$5 per receiving address for shipping).

Please Mail this order to the Mailing Address Listed above (add \$5 for shipping & handling) _____ YES

This is a gift. Please Mail this order to the following Address(s): _____

TOTALS:

A: Total Number of Books Ordered _____ x \$20 per book = _____ total

B: Total Number of Addresses Books Will be Shipped To: _____ x \$5 per address = _____ total

TOTAL DUE (TOTAL OF LINE A + TOTAL OF LINE B) =

_____ I have enclosed a personal check made payable to The Town of Minturn in the amount of _____

_____ Please Charge this to my Visa or Mastercard Account # _____ Expiration _____

Name on Card _____ VIN on back _____

Purchaser's Signature _____

PLEASE SEND OR FAX THIS ORDER FORM (WITH PAYMENT) TO THE ADDRESS ABOVE

THANK YOU FOR YOUR ORDER!!!