Cherished Memories

ORDER FORM

Mail to: Box 460 • Aliquippa, PA 15001
Fax to: 724-375-7501

Parent Information

Last Name | First Name | Hospital # - ID #

Address | Phone # - -

City | State | Zip | E-Mail Address

Baby's Information

Baby's Last Name | Baby's First Name | Baby's Middle Name

☐Boy ☐Girl | Birth Date / / | Birth Time : ☐AM ☐PM | Length (in.) . | Weight (lbs.-oz.) -

Baby is Mother's: ☐1st ☐2nd ☐3rd+

Payment Information

☐MasterCard ☐Visa ☐Discover ☐Check ☐Electronic Check ☐Money Order

Card Holder's Name (as it appears on card)

Credit Card # (print all digits) - - - | Exp. Date / | Card Holder's Signature (required)

Routing # | Checking Account # | Check #

Ordering Information

A. John Smith **B.** *John Smith* **C.** John Smith **D.** John Smith **E.** John Smith

CODE	DESCRIPTION	BORD.*	FONT**	B&W	PRICE	QTY.	TOTAL
1001	EXAMPLE BIG DAY PACKAGE	C	A	✓	$74.95	1	$74.95
Black & White (if applicable) - each item converted to B&W is a separate charge.					$4.50		
Photo Borders† (if applicable) - each different border is a separate charge.					$4.50		

*** BORDER ADDED TO ALL PRINTS IN PACKAGES EXCEPT WALLETS.**

**** MUST SELECT A FONT FOR "ANNOUNCING..." PACKAGE AND PACKAGES 1001-1004 and PRINTS 2005 and 2006.**

† DOES NOT APPLY TO PHOTO MAGNETS

PRODUCTS TOTAL	
SHIPPING & HANDLING	
SUBTOTAL	
TAX	
TOTAL	

ALL RETURNED CHECKS AND SERVICE FEES MAY BE ELECTRONICALLY DEBITED OR BANK DRAFTED FROM YOUR ACCOUNT. TO VERIFY/DISPUTE/REVOKE CALL 800-460-0124.

We occassionally make our list avavilable to carefully screened companies whose products (diapers, formula, etc.) may be of interest to you. If you do not wish to be included on our list please check here. ☐