

KMHS PX Order form

Name: _____ Address: _____ Phone: _____ email: _____

| Item: | Quantity: | Price: | Total: |
|-------|-----------|--------------|----------|
| _____ | _____ X | _____ = | \$_____. |
| _____ | _____ X | _____ = | \$_____. |
| _____ | _____ X | _____ = | \$_____. |
| _____ | _____ X | _____ = | \$_____. |
| _____ | _____ X | _____ = | \$_____. |
| | | Grand Total: | \$_____. |

1. Please indicate all pertinent information; gender, size, color, etc.

2. Mail the completed order form and your personal check made payable to KMHS to:

Robert Toeppe
KMHS
4701 Park Ridge Drive
Racine, WI 53402

To become a member of the Kassel Mission Historical Society return to the main menu and click on the "Join" button.