

DORFLINGER-SUYDAM PRESS ORDER FORM

Name _____

Address _____

City/State/Zip _____

Telephone _____ Email _____

____ Enclosed is my check payable to **DORFLINGER GLASS MUSEUM**

____ Charge to my credit card (circle one):  

Name (as it appears on credit card—please print):

Card No. _____ Exp. Date _____

Signature (as it appears on credit card): _____

QTY	TITLE	AMOUNT EA.	SHIPPING/HANDLING	TOTAL
_____	Glass Industry in Wayne County	\$39.95	\$9/\$3 ea. addt'1	\$ _____
_____	Dorflinger—Am. Finest Glass	\$75.00	\$9/\$3 ea. addt'1	_____
_____	Dorflinger Cut Glass Catalog	\$10.00	\$4/\$2 ea. addt'1	_____
_____	Christian Dorflinger, 1828-1915	\$5.00	\$2/\$1 ea. addt'1	_____
_____	Kalana Art Glass	\$6.00	\$2/\$1 ea. addt'1	_____
_____	Take Me Out to the Ballgame	\$15.00	\$4/\$1 ea. addt'1	_____
_____	Glass Cottages DVD	\$15.00	\$3/\$1 ea. addt'1	_____
Subtotal				_____
PA Residents add 6% sales tax				_____
GRAND TOTAL				\$ _____

Mail to: Dorflinger Glass Museum, P.O. Box 356, White Mills, PA 18473