

Mail Order Form

All orders will ship within 24 hours from the time the order was received.
Orders received on Saturday or Sunday will ship on the following Monday.

<p>Make a check or money order payable to <u>Name A Star Foundation Inc.</u> in the appropriate amount. Checks must be in US Dollars. Mail Form & Check To:</p>	<p>Name A Star Foundation Inc. 12620-3 Beach Blvd Suite 312 Jacksonville, FL 32246</p>
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There is a \$9.00 fee to make corrections to a certificate after it has been shipped if you make a mistake, so **PLEASE** double check this form before ordering! For the best looking certificate, please **DO NOT USE ALL CAPITALS!**

Product	Quantity	Price Per Each	Total
Name A Star Ultimate Gift Package		\$89.95	
Name A Star Deluxe Gift Package		\$59.95	
Name A Star Premium Gift Package		\$29.95	
Additional Copies of Certificates		\$10.00	
<i>1st Class Shipping Included</i>			
<i>Shipping Options</i>		Price	Subtotal:
Premium/Standard/ Deluxe Packages			Shipping:
US Priority (2-3 Days) on average		\$6.00	Total:
US Express (1-2 Days)		\$18.00	
Intl Air Mail (4-10 days) on average		\$10.00	
Intl Express (3-4 days) on average		\$25.00	
<i>Shipping Options</i>		Price	
Ultimate Gift Packages			
US Priority (2-3 Days) on average		\$10.00	
US Express (1-2 Days)		\$27.00	
Intl Air Mail (4-10 days) on average		\$20.00	
Intl Express (3-4 days) on average		\$35.00	

FOR NAME A STAR PACKAGES:

Star Recipients Name: _____

Custom Message: _____

Giver's Name on Certificate: _____

Date of Occasion: ____/____/____ Is this Star For a memorial: Yes / No

Please Note: For more than one package purchased please attach the above information for each package ordered.

Enter Full Shipping Address:

Name: _____

Address: _____

Address: _____

City: _____ ST: _____ Zip code: _____

Mail Order Form

If Paying By Credit Card Please Fill out below:

Cardholders Name: _____

Card Number: _____

Expiration Date: _____

Phone Number: _____

Enter Full Billing Address(if different from above:

Name: _____

Address: _____

Address: _____

City: _____ ST: _____ Zip code: _____

Cardholder Signature: _____

