

Completed forms should be sent with payment to: Ourheirlooms Inc. 2464 Scrivens Drive Metcalfe, Ontario KOA 2P0 Please review all instructions on our web site regarding shipping costs and applicable taxes for Canadian residents.

Billing Information:

Name:							
Address:	(First Name)	(Middle Name)			(Last Name)		
	(City)			(Postal Code)			
	(Telephone w/Area Code)	(Email Addres	(Email Address)				
Paymer	nt Option:						
Money Order (made payable to "Ourheirlooms Inc.") (Complete Inform			tion below)	Cheque (made payable to "Ourheirlooms Inc.")			
				、 ,		, 	
VISA #		E	xpiry Date				
Cardholder's name as appears on card			Signature				
Shippin	g Information: (if d	ifferent from abo	ve)				
Name:							
(First Name) Address:		(Middle	(Last Name)				
	(City) (Provi		ovince/State/Country)		(Postal Code)		
Order D	etails:						
Needlepc	oint Title		Pattern	Kit	Quantity	Unit Price	
Subtotal							
				Applic	able Taxes		
					Total		