

Use this form if you cannot
use the borhs.org web form.

Item #	Item Description	Qty	Price	Total
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
			\$	+\$
~	If ordering models and item substitutions are NOT OK, enter 'N' in 'Qty' column --> ~~Some items may be subject to being sold out~~			
SUB-TOTAL	Sub-total before discounts			= \$
DISCOUNTS	Members receive 10% discount on all items unless already discounted on Sentinel Sale or otherwise specifically designated. Enter membership number in block below.			- \$
SUB-TOTAL	Sub-total before shipping & handling and any sales tax			= \$
TAX	6% Sales Tax for Maryland Delivery only			+\$
S&H	Domestic: \$7.00 for the 1st item EXCEPT \$3.50 for the 1st item IF all items are any combination of items costing no more than \$10.00 or Videos/CDs or Calendars or Sentinels. \$2.00 for each additional item. International: Shipping will be calculated by Company Store per best USPS rate, plus \$3.00.			+\$
Membership Renewal	\$45 Regular/USA \$57 Sustaining/USA \$30 Student/USA \$57 Regular/NON-USA \$73 Sustaining/NON-USA \$40 Student/NON-USA	1		+\$
Dual Media	Member election to receive BOTH hardcopy and electronic: \$10	1		+\$
Building Fund	Any amount is appreciated and is tax deductible. For a new Archives building.			+\$
General Fund	Any amount is appreciated and is tax deductible. For undesignated use.			+\$
Archives Fund	Any amount is appreciated and is tax deductible. For Archives expenses.			+\$
TOTAL	Total amount due. If payment by check or MO, make payable to BORHS . International order must be paid by MasterCard, VISA, or AmEx.			= \$

"Thank You" for your support of the BORHS Company Store

SHIP TO	Name: _____	(Hint: use a return address mailing label if you have one)
	Street: _____	
	City: _____	
	State: _____ ZIP: _____ Country: _____	
CONTACT INFO	Telephone: _____	Membership number: _____
	E-mail: _____	

IS THIS AN ADDRESS CHANGE? Yes ___ No ___ IF 'Yes', IS IT PERMANENT? Yes ___ No ___

CREDIT CARD PAYMENT

For MasterCard, VISA, or AmEx, please provide the information required below.

CREDIT CARD NUMBER	_____ Expiration: ____/____ (MM/YY)
CREDIT CARD SALES SIGN HERE	Security Code → []
	Signature _____ Circle card type: [MasterCard/VISA/AmEx]

Send to: **BORHS Store**
P. O. Box 24225
Baltimore, MD 21227

Voice mail for inquiries/requests at 410-247-8165
 Sales Questions: storemanager@borhs.org
 Membership Questions: membershipchair@borhs.org