

SINGING VALENTINE ORDER FORM – 2010

Recipient's name:
Delivery address:
Delivery contact: <i>(we will call only if necessary)</i>
Driving directions:
Time: <i>(circle)</i> Friday / Sunday 9-12 / 12-3 / 3-6 / 6-8 / Other <i>(specify)</i> _____
Within 30 min. of: _____ (\$10 extra)

Buyer's name:
Buyer's address:
Buyer's cell:
Buyer's E-mail address to send photo:
Special instructions:

Valentine's card reads:

SELECT A PACKAGE <i>(check one):</i>	___ long-stemmed rose
\$50 includes one rose or box of chocolates	___ box of chocolates
Extras	___ boxes of candy @ \$4 ___ Roses @ \$4 ___ Dozen roses @ ___
<i>(indicate amt)</i>	___ 30 minute delivery window @ \$10

Total Amt: \$ _____	Payment (circle): Check / Visa / MasterCard
Name on Card: _____	
Acct # _____ - _____ - _____	Exp: _____

Mail the completed form and check (payable to PVC) to:
Singing Valentines
15529 Thompson Rd.
Silver Spring, MD 20905