

IGNATIUS BOOK FAIRS WISH LIST

Student's Name: _____ Grade: _____ PH#: _____

If an order

TITLE	AUTHOR	YES*	PRICE
1. _____	_____	<input type="checkbox"/>	_____
2. _____	_____	<input type="checkbox"/>	_____
3. _____	_____	<input type="checkbox"/>	_____
4. _____	_____	<input type="checkbox"/>	_____
5. _____	_____	<input type="checkbox"/>	_____

*Check YES to purchase a book

SUBTOTAL: _____

TAX (_%): _____

TOTAL: \$ _____

PAYMENT METHOD

Cash

Check

Make payable to name of school hosting the book fair

Credit Card

Full name as seen on card: _____

CC#: _____ Exp. Date: _____ CCV: _____ Billing Zip: _____

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