Order Form:

OHIO UNIVERSITY 1804

KENNEDY MUSEUM OF ART

Name:_____

Street Address:_____

City, State, Zip:_____

Telephone No.:_____

***Shipping Information:***

☐ Same as above

Name:_____

Street Address:_____

City, State, Zip:_____

Telephone No.:_____

***Payment Information:*** ☐ Check enclosed ☐ Credit Card

Credit Card No.:_____

Expiration Date:_____

Circle one: Visa Mastercard
American Express

Name on Card:_____

Signature:_____

Date:_____

| Description of Item(s) Purchased: | Price |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| **TOTAL CHARGE** | **$**_____ |