

Drop Dead Delicious Mail-in Order Form
Please assure to fill out the form completely and accurately.

Contact Information:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Order Information:

Number of copies: _____
Price (\$20.00/copy): \$ _____
Tax (8%): \$ _____
If you pick up your order no shipping fee applies.
If you want your order shipped please at \$ 5.00
per copy. \$ _____
Order Total: \$ _____
Payment: Personal Check

Please mail order form and payment 'CHECK ONLY' to :

*Historic Oakland Foundation
248 Oakland Avenue
Atlanta, GA 30312
Attn. Virginia Brooks*

For more information please contact Virginia Brooks at 404 233 4610 or email @ vbrooks342@aol.com

Thank You For Your Order!