

# MHSA Holidays on Highland Order Form

2300 West Highland Avenue  
Milwaukee, WI 53233  
Phone (414) 934-7000 Fax (414) 934-7015



## Customer Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**\*\*Payment must accompany order request.\*\***

**\*\*\*Order request may take up to 2-3 weeks to process.\*\*\***

## Order Information

Type of Media	Quantity	Total
SINGLE CD (\$10.00 each)	_____ qty.	\$ _____

## Method of Payment

Cash

Check (No. \_\_\_\_\_)

*(Please make check payable to MHSA Jazz.)*

### MHSA Use Only:

Payment Rec'd By: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Item(s) Issue Date: \_\_\_\_\_

Payment Rec'd By: (circle one) CW DS Other \_\_\_\_\_