ORDER FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

3 1/2x5 $2	5x7 $4	8x10 $7	11x14 $15

Mail to: R.R. Best
PO Box 290
Sullivan, IL 61951

Qty:	Show:	Proof #	Size:	Cost:

Make check payable to R.R. Best

Total: $