

**Address Label Order Blank:**

Design Letter	
Font Number	
3-Line Address (Please print clearly)	

**Note Card Order Blank:**

Design Letter	
Name on Note Card (Please print clearly)	

\_\_\_\_\_ Label Address Sheets @ \$1.00 (30 labels per sheet)

\_\_\_\_\_ Note Cards @ \$1.00 for 12 note cards

\_\_\_\_\_ Please send home with my child \_\_\_\_\_  
(child's name)  
in \_\_\_\_\_  
(teacher's name)

\_\_\_\_\_ I will pick up my order when ready--please call me @ \_\_\_\_\_

Please return form/payment to Mrs. Griffin or Mrs. Roberts. Thank you for supporting our STLP program.