

Charles Darwin Bobblehead Order Form

Name: _____

Address: _____

City: _____

Phone: _____

Email: _____

of Bobbleheads on order: _____
X \$25/ea

Cash / Check # _____ TOTAL= \$ _____

Donation to Library Enrichment Fundraiser

(cut along dotted line & give bottom portion to patron)

Charles Darwin Bobblehead Receipt

Name: _____

of Bobbleheads _____ ordered

X \$25/ea

TOTAL = \$ _____ PAID IN FULL

Cash / Check # _____

Keep receipt as a voucher. Please bring ID for pick up.

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